### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 1 of 69

| Fill in this information to identify your case:                                 |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |   |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yoursel  | f                                      |   |
|---|--|---|
|   | About Debtor 1:                        | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | Veneice                                |   |
|   | First name                             | First name                                    |
| Write the name that is on your government-issued                    | R                                      |   |
| picture identification (for   | Middle name                            | Middle name                                   |
| example, your driver's license or passport                          | Shelton                                |   |
| licerise of passport  | Last name                              | Last name                                     |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III)             | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |  |   |
| have used in the last   | First name                             | First name                                    |
| 8 years   |  |   |
| Include your married or   | Middle name                            | Middle name                                   |
| maiden names.   | Look nome                              | Lost nome                                     |
|   | Last name                              | Last name                                     |
|   | First name                             | First name                                    |
|   |  |   |
|   | Middle name                            | Middle name                                   |
|   | Last name                              | Last name                                     |
| 3. Only the last 4 digits of your Social                            | XXX - XX- 6020                         | xxx - xx-                                     |
| Security number or<br>federal Individual                            | OR                                     | OR  |
| Taxpayer  | 9 xx - xx-                             | 9 xx - xx-                                    |
| Identification numbe  | r ———————————————————————————————————— |   |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 2 of 69

| D  | ebtor 1 Veneice  | R   | Shel              | ton                   | Case number (if | known)  |                          |
|----|--|---|-------------------|-----------------------|-----------------|---|--------------------------|
|    | First Name   | Middle Name   | Last I            | Name                  |                 | •   |                          |
|    |  | About Debtor 1:   |                   |                       | About Deb       | tor 2 (Spouse Only i  | n a Joint Case):         |
| 4. | Any business names and Employer                        | I have not used any   | y business name   | es or EINs.           | I have n        | ot used any business na                                     | ames or EINs.            |
|    | Identification Numbers (EIN) you have used in the last | Business name   |                   |                       | Business n      | ame   |                          |
|    | 8 years  | Business name   |                   |                       | Business n      | ame   |                          |
|    | Include trade names and doing business as names        | EIN   |                   |                       | EIN             |   |                          |
|    |  | EIN   |                   |                       | EIN             |   |                          |
| 5. | Where you live   |   |                   |                       | If Debtor 2     | lives at a different add                                    | ress:                    |
|    |  | 795 E 163rd PI<br>Number Street   |                   |                       | Number          | Street  |                          |
|    |  | South Holland Illin   |                   | 60473                 | 0:1             | 014   | 7'- 0-1-                 |
|    |  | City Star   | te                | Zip Code              | City            | State   | Zip Code                 |
|    |  | County  |                   |                       | County          |   |                          |
|    |  | If your mailing address above, fill it in here. Notices to you at this ma | Note that the co  |                       | If Debtor 2's   | s mailing address is one. Note that the court was address.  |                          |
|    |  | Number Street   |                   |                       | Number          | Street  |                          |
|    |  | 011   | 0: :              | 7: 0 1                | 011             | 21.1  | 7. 0. 1                  |
|    |  | City  | State             | Zip Code              | City            | State   | Zip Code                 |
| 6. | Why you are choosing this district                     | Check one:  | ova hofora filing | this potition. I have | Check one:      | o loot 190 daya bafara fili                                 | ng this potition. I have |
|    | to file for bankruptcy                                 | Over the last 180 d lived in this district                                | longer man in ai  | ly other district.    | lived in        | e last 180 days before fili<br>this district longer than ir | any other district.      |
|    |  | I have another reas   | on. Explain. (See | 28 U.S.C. §§ 1408.)   | I have a        | ınother reason. Explain. (                                  | See 28 U.S.C. §§ 1408.)  |
|    |  |   |                   |                       |                 |   |                          |
|    |  |   |                   |                       |                 |   |                          |
|    |  |   |                   |                       |                 |   |                          |
|    |  |   |                   |                       |                 |   |                          |
|    |  |   |                   |                       |                 |   |                          |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 3 of 69

| Debt                           | or 1 Veneice   | R   | Shelton  | Case number (if kr.   | no wn)  |
|--------------------------------|--|---|--|---|---|
|                                | First Name   | Middle Name   | Last Name  |   |   |
| Part                           | 2: Tell the Court Abo  | ut Your Bankruptcy Cas  | se   |   |   |
| B<br>a                         | he chapter of the<br>ankruptcy Code you<br>re choosing to file<br>nder   |   | escription of each, see <i>Notice</i><br>). Also, go to the top of page  |   | C. § 342(b) for Individuals Filing for opriate box.   |
|                                | ow you will pay the<br>ee  | more details about h cashier's check, or m may pay with a credit  I need to pay the fee Individuals to Pay Yo  I request that my fe judge may, but is not the official poverty line | ow you may pay. Typically noney order If your attornation card or check with a present in installments. If you che our Filing Fee in Installment trequired to, waive your famon, you must fill out the A | i, if you are paying the ley is submitting you printed address. In cose this option, signts (Official Form 10) quest this option onlive, and may do so or nily size and you are | the clerk's office in your local court for the fee yourself, you may pay with cash, ar payment on your behalf, your attorney and attach the <i>Application for</i> 3A).  If you are filing for Chapter 7. By law, a sally if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| b                              | ave you filed for<br>ankruptcy within the<br>ist 8 years?  | Ves. District District District   | \  | When  | Case number  Case number  Case number   |
| c<br>b<br>sp<br>fil<br>ye<br>p | re any bankruptcy ases pending or eing filed by a pouse who is not ling this case with ou, or by a business artner, or by an ffiliate? | Ves. Debtor District Debtor District  |  | When  | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
|                                | o you rent your<br>esidence?   | ✓ No. Go to li  | ne 12.   |   | o you want to stay in your residence?  est You (Form 101A) and file it with   |

### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 4 of 69

R Shelton Debtor 1 Veneice \_\_ Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 5 of 69

 Debtor 1
 Veneice
 R
 Shelton
 Case number (if known)

 First Name
 Middle Name
 Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 6 of 69

| Debtor 1 Veneice  | H Middle Name  | Shelton  | Case number (if known)  |  |
|---|--|--|---|--|
| Part 6: First Name  Answer These Que  | Middle Name estions for Reporting  | Last Name Purposes   |   |  |
| 16. What kind of debts do you have?   | 16a. Are your debts "incurred by an incurred by a few pour debts money for a buse incorrect by an incurred by a | primarily consumer debts individual primarily for a pene 16b. ine 17. primarily business debts? siness or investment or through 16c. | ersonal, family, or househo<br>P Business debts are debts<br>bugh the operation of the                              | s that you incurred to obtain<br>business or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing undexpenses are   | under Chapter 7. Go to line 18<br>er Chapter 7. Do you estimate<br>paid that funds will be availab                                   | e that after any exempt prop  | erty is excluded and administrative<br>d creditors?  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  |  | 5,000<br>10,000<br>-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,00<br>\$100,001-\$500,0<br>\$500,001-\$1 mill   | \$10,00<br>\$50,00   | 0,001-\$10 million<br>00,001-\$50 million<br>00,001-\$100 million<br>000,001-\$500 million                          | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion                      |
| 20. How much do you<br>estimate your<br>liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,00<br>\$100,001-\$500,0<br>\$500,001-\$1 milli  | \$10,00<br>000 \$50,00   | 0,001-\$10 million<br>00,001-\$50 million<br>00,001-\$100 million<br>000,001-\$500 million                          | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion                      |
| Part 7: Sign Below  |  |  |   |  |
| For you   | correct.  If I have chosen to file of title 11, United Starunder Chapter 7.  If no attorney represer out this document, I have chosen to file of the content | e under Chapter 7, I am awa<br>tes Code. I understand the<br>nts me and I did not pay or<br>nave obtained and read the               | are that I may proceed, if e<br>relief available under each<br>agree to pay someone wh<br>notice required by 11 U.S | ligible, under Chapter 7, 11,12, or 13 in chapter, and I choose to proceed no is not an attorney to help me fill is.C. § 342(b). |
|   | I understand making a connection with a bar both. 18 U.S.C. §§ 15  | a false statement, concealir<br>nkruptcy case can result in<br>52, 1341, 1519, and 3571.   | ng property, or obtaining r   | money or property by fraud in mprisonment for up to 20 years, or   |
|   | /s/ Veneice Shelte<br>Signature of Debtor  |  | Signature of De   | ebtor 2  |
|   | Executed on  | 6/7/2017<br>MM / DD / YYYY   | Executed on   | MM / DD / YYYY   |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 7 of 69

| Debtor 1 Veneice                                 | R                         | Shelton                     | Case number (if)       | known)   |
|--|---------------------------|-----------------------------|------------------------|--|
| First Name                                       | Middle Name               | Last Name                   |                        |  |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12, or   | 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>llso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | uired by 11 U.S.C. § 342(   | b) and, in a case in v | which § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | have no knowledge afte    | r an inquiry that the infor | mation in the sched    | ules filed with the petition is incorrect.   |
| attorney, you do not                             | 4.0                       |                             |                        |  |
| need to file this page.                          | /s/ Charles Bonini        |                             | Date                   | 6/7/2017   |
|  | Signature of Attorney     | for Debtor                  | M                      | M / DD / YYYY  |
|  |                           |                             |                        |  |
|  |                           |                             |                        |  |
|  | Charles Bonini            |                             |                        |  |
|  | Printed name              |                             |                        |  |
|  | Semrad Law Firm           |                             |                        |  |
|  | Firm name                 |                             |                        |  |
|  | 11101 S. Western Av       | enue                        |                        |  |
|  | Street                    |                             |                        |  |
|  |                           |                             |                        |  |
|  |                           |                             |                        |  |
|  | Chicago                   | III                         | inois                  | 60643  |
|  | City                      | St                          | ate                    | Zip Code   |
|  |                           |                             |                        |  |
|  | Contact phone             |                             | Email address          | cbonini@semradlaw.com  |
|  |                           |                             |                        |  |
|  | 6302438                   |                             | Illinois               |  |
|  | Bar number                |                             | State                  |  |

### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 8 of 69

| Fill in this infor     | mation to identify your c | ase:        |                      |
|------------------------|---------------------------|-------------|----------------------|
| Debtor 1               | Veneice                   | R           | Shelton              |
|                        | First Name                | Middle Name | Last Name            |
| Debtor 2               |                           |             |                      |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |
|                        |                           |             | (State)              |
| Case number (If known) |                           |             |                      |

|   | Check if | this    | is | an |
|---|----------|---------|----|----|
| _ | amende   | d filii | ng |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|   | Your assets Value of what you own                 |
|---|---|
|   |   |
| . Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B             | \$97,636.34                                       |
| Ta. Copy line 33, Total real estate, from Schedule PVD  | ф15 000 00  |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$15,699.00<br>—————————————————————————————————— |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$113,335.34                                      |
| art 2: Summarize Your Liabilities   |   |
|   | Your liabilities                                  |
|   | Amount you owe                                    |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                    | ¢104.010.00                                       |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  | \$104,319.00                                      |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  | \$0.00  |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                      | <del></del>                                       |
|   | \$18,108.00                                       |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                   |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                   | \$122,427.00                                      |
| Your total liabilities  | \$122,427.00                                      |
| Your total liabilities  | \$122,427.00                                      |
| Your total liabilities  art 3: Summarize Your Income and Expenses  . Schedule I: Your Income (Official Form 106I)   | <u>-</u>  |
| Your total liabilities Part 3: Summarize Your Income and Expenses   | \$122,427.00                                      |
| Your total liabilities  Part 3: Summarize Your Income and Expenses  4. Schedule I: Your Income (Official Form 106I) | <u>-</u>  |

### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 9 of 69

R Shelton Debtor 1 Veneice \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$3,255.91 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 10 of 69

| Fill in this                           | information to identify your  | case:   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| Debtor 1                               | Veneice   | R   |   | Shelton   |   |   |   |
|  | First Name  | Middle N  | ame                                     | Last Name   |   |   |   |
| Debtor 2<br>(Spouse, if fi             | ling) First Name  | Middle N  | ame                                     | Last Name   |   |   |   |
| United Sta                             | ates Bankruptcy Court for the   | e: Northern   |   | District of Illinois  |   |   |   |
| Case num                               | ber   |   |   | (State)   |   |   |   |
| Officia                                | al Form 106A/B  |   |   |   |   |   | Check if this is an amended filing  |
| Sche                                   | dule A/B: Prop  | erty  |   |   |   |   | 12/1  |
| category v<br>responsibl<br>write your | ategory, separately list and<br>where you think it fits best<br>le for supplying correct inf<br>r name and case number (i<br>Describe Each Reside | . Be as complete a<br>ormation. If more s<br>f known). Answer e | nd accurat<br>pace is ne-<br>very quest | e as possible. If two n<br>eded, attach a separa<br>on.   | narried people ar<br>te sheet to this f | re filing together, both a<br>form. On the top of any a                 | re equally  |
| 1. Do you                              | ı own or have any legal or  | equitable interest i  | n any resid                             | dence, building, land,  | or similar proper                       | ty?   |   |
|  | No. Go to Part 2  |   |   |   |   |   |   |
| 1.1                                    | Yes. Where is the property?  Street address, if available, or   | or other description  |   | he property? Check all  | that apply.                             | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.                                 |
|  | 795 E 163rd Pl<br>Number Street   |   | Cond                                    | x or multi-unit building<br>ominium or cooperative<br>factured or mobile hom  |   | Current value of the entire property? \$97636.34                        | Current value of the portion you own? \$97636.34  |
|  | South Holland Illinois City State  Cook County  | 60473<br>Zip Code   | Land Invest Times Other                 | ment property<br>hare   |   | Describe the nature o interest (such as fee s the entireties, or a life | imple, tenancy by   |
|  |   |   | ш                                       | an interest in the prop   | perty? Check                            | Check if this is co   | mmunity property  |
|  |   |   | one.  Debto Debto At leas               |   | d another                               |   |   |
| If you                                 | own or have more than one   | , list here:  |   |   |   |   |   |
| 1.2                                    | Street address, if available, o   | or other description  | Single Duple Cond                       | he property? Check all<br>e-family home<br>x or multi-unit building<br>ominium or cooperative<br>factured or mobile hom   |   | the amount of any secu  | claims or exemptions. Put red claims on Schedule D: ims Secured by Property.  Current value of the portion you own? |
|  | Number Street  City State   | Zip Code  | Invest                                  |   |   | Describe the nature o interest (such as fee s the entireties, or a life | imple, tenancy by   |
|  |   |   | one.  Debto                             | an interest in the property of the property of the property of the property of the debtors and the debtors are debtors and the debtors and the debtors are debtors and the debtors are debtors and the debtors and the debtors are debtors are debtors. | •                                       | Check if this is co<br>(see instructions)                               | mmunity property  |
|  |   |   |   | ormation you wish to a identification number  |   | em, such as local   |   |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 11 of 69

| 1.3 Stree  Num  City     | State                                   | Zip Code                                 | Last Name  What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land Investment property  Timeshare Other  Who has an interest in the property? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this iter | the amount of any secucreditors Who Have Class Current value of the entire property?  Describe the nature of interest (such as fee set the entireties, or a life (see instructions) | simple, tenancy by e estate), if known.  community property  |
|--------------------------|---|--|--|---|--|
| Num City                 | ber Street State                        | Zip Code                                 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter   | the amount of any secucreditors Who Have Class Current value of the entire property?  Describe the nature of interest (such as fee set the entireties, or a life (see instructions) | Current value of the portion you own?  of your ownership simple, tenancy by e estate), if known.       |
| City  2. Add t           | State                                   |  | Investment property Timeshare Other  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this iter  | check if this is co   | simple, tenancy by e estate), if known.  community property  |
|                          |   | İ  | Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this iter   | n. such as local  |  |
| ,                        | e attached for Part 1. Wri              | te that number h                         | all of your entries from Part 1, including any entr  | ies for nages   | 7636.34  |
|                          | e attached for Part 1. Wri              |  | <b>L</b>   |   |  |
| Oo you owr<br>you own th |   | equitable interes<br>ou lease a vehicle, | t in any vehicles, whether they are registered or<br>also report it on Schedule G: Executory Contracts an<br>rcycles   | -   |  |
|                          | Make<br>Model:<br>Year:                 | Chevorlet<br>Impala<br>2016              | Who has an interest in the property? Check one.  Debtor 1 only   | the amount of any seco  | d claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>laims <i>Secured by Property</i> . |
|                          | Approximate mileage: Other information: | 25000                                    | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see  | Current value of the entire property?<br>\$14100.00   | Current value of the portion you own?<br>\$14100.00  |
|                          | Model:<br>Year:                         |  | Who has an interest in the property? Check one.  Debtor 1 only   | the amount of any seco  | I claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>laims Secured by Property.         |
|                          | Approximate mileage: Other information: |  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see  | Current value of the entire property?   | Current value of the portion you own?  |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 12 of 69

| Debtor 1 | Veneice<br>First Name                                     | R<br>Middle Name | Shelton<br>Last Name  | Case numbe              | r (if known)                          |  |
|----------|---|------------------|---|-------------------------|---------------------------------------|--|
| 3.3      | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 of the debtor 1 one of the debtor 1 one of the debtor 2 of the debtor 3 of | only<br>ors and another | the amount of any secu                | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own?            |
| 3.4      | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor  | only                    | the amount of any secu                | claims or exemptions. Put<br>ured claims on Schedule D:<br>aims Secured by Property.<br>Current value of the<br>portion you own? |
|          | mples: Boats, trailers, motor<br>No                       | •                | Check if this is communications)  recreational vehicles, other fishing vessels, snowmobiles.  | er vehicles, and acce   |                                       |  |
| 4.1      | Yes  Make Model: Year: Approximate mileage:               |                  | Who has an interest in the one.   | property? Check         | the amount of any secu                | claims or exemptions. Put<br>ured claims on <i>Schedule D:</i><br>aims Secured by Property.                                      |
|          | Other information:  |                  | Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor Check if this is common instructions)   | ors and another         | Current value of the entire property? | Current value of the portion you own?  |
| 4.2      | Make<br>Model:<br>Year:<br>Approximate mileage:           |                  | Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on   | property? Check         | the amount of any secu                | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.   |
|          | Other information:  |                  | At least one of the debto   | •                       | entire property:                      | Current value of the portion you own?  |

#### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 13 of 69

Shelton Debtor 1 Veneice Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Living Room Set, Dining Room Set \$400.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... TV, Cell Phone \$150.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$400.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Costume Jewelry \$75.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1025.00 for Part 3. Write that number here .....

#### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 14 of 69

Shelton Debtor 1 Veneice Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ Yes ..... \$50.00 Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: Chase Bank \$24.00 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 15 of 69

| Debt | tor 1 Veneice                                      | R   | Shelton                     | Case number (if known)                     | <u> </u> |
|------|--|---|-----------------------------|--|----------|
|      | First Name   | Middle Name   | Last Name                   |  |          |
| 20.  | Negotiable instruments                             | orate bonds and other negotial include personal checks, cashiers' ents are those you cannot transfer assuer name:   | checks, promissory not      | tes, and money orders.                     |          |
| 21.  | Retirement or pension<br>Examples: Interests in IF |   | , thrift savings accounts   | , or other pension or profit-sharing plans |          |
|      | No   |   |                             |  |          |
|      | ✓ Yes. List each                                   | Type of account:  | Institution name:           |  |          |
|      | account  | 401(k) or similar plan:   |                             |  |          |
|      | separately.  | Pension plan:   | USPS                        |  | \$500.00 |
|      |  | IRA:  | 0010                        |  | 4000.00  |
|      |  | Retirement account:   |                             |  |          |
|      |  | Keogh:  |                             |  |          |
|      |  | Additional account:   |                             |  |          |
|      |  | Additional account:   | -                           |  |          |
| 22.  |  | prepayments deposits you have made so that with landlords, prepaid rent, public  Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: |                             |  |          |
|      |  | Telephone:  |                             |  |          |
|      |  | Water:  |                             |  |          |
|      |  | Rented furniture:   |                             |  |          |
|      |  | Other:  |                             |  |          |
| 23.  | Annuities (A contract fo                           | or a periodic payment of money to   | you, either for life or for | a number of years)                         |          |
|      | ✓ No ☐ Yes   | Issuer name and description:  |                             |  |          |
|      |  | -   |                             |  | · -      |
|      |  |   |                             |  |          |
|      |  |   |                             |  |          |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 16 of 69

| Debt | tor 1 Veneice<br>First Name      | R<br>Middle Name   | Shelton Last Name   | Case number (if known)                |   |
|------|----------------------------------|--|---|---------------------------------------|---|
| 24.  |                                  |  | t in a qualified ABLE program, or under   | r a qualified state tuition program   |   |
|      |                                  | 30(b)(1), 529A(b), and 529(b)(1)                                       |   | a quannou otato tanton programi       |   |
|      | ✓ No                             |  |   | 44.11.0.0.0.504( )                    |   |
|      | Yes                              | nstitution name and description  | . Separately file the records of any interests                                    | s.11 U.S.C. § 521(c):                 |   |
|      | -                                |  |   |                                       |   |
|      | -                                |  |   |                                       |   |
|      | _                                |  |   |                                       |   |
| 25.  | Trusts, equitate exercisable for |  | erty (other than anything listed in line 1  | 1), and rights or powers              |   |
|      | □ Na                             | your benefit   |   |                                       |   |
|      | ✓ No  Yes. Descri                | he.  |   |                                       |   |
|      | 100. 2000                        |  |   |                                       |   |
| 26.  | Potento conve                    | iahta tradamarka trada saar  | rote and other intellectual property  |                                       |   |
| 20.  |                                  | =  | rets, and other intellectual property roceeds from royalties and licensing agreer | ments                                 |   |
|      | <b>✓</b> No                      |  |   |                                       |   |
|      | Yes. Descri                      | be   |   |                                       |   |
|      |                                  |  |   |                                       |   |
| 27.  | Licenses, franc                  | chises, and other general inta   | angibles  |                                       |   |
|      | Examples: Build                  | ling permits, exclusive licenses,                                      | cooperative association holdings, liquor lic                                      | censes, professional licenses         |   |
|      | ✓ No                             |  |   |                                       |   |
|      | Yes. Descri                      | De   |   |                                       |   |
|      |                                  |  |   |                                       |   |
| Mor  | ney or propert                   | y owed to you?   |   |                                       | Current value of the                    |
|      |                                  |  |   |                                       | portion you own?  Do not deduct secured |
|      |                                  |  |   |                                       | claims or exemptions.                   |
| 28.  | Tax refunds ow                   | ed to you  |   |                                       |   |
|      | <b>✓</b> No                      |  |   | Fadend                                | ФО ОО                                   |
|      |                                  | pecific information them, including whether                            |   | Federal:                              | \$0.00                                  |
|      | you alr                          | ready filed the returns e tax years                                    |   | State:                                | \$0.00                                  |
|      | and th                           | e tax years  |   | Local:                                | \$0.00                                  |
| 29.  | Family support                   | duo or lump eum alimony, enou  | sal support, child support, maintenance, c  | Niverce cottlement property cottlemen | <del>.</del>                            |
|      |                                  | ade of lamp sam allmony, spoa  | sai support, crind support, maintenance, c  | aworce settlement, property settlemen | ı                                       |
|      | ✓ No                             | and the form of the second   |   | Alimony:                              | \$0.00                                  |
|      | Yes. Give sp                     | pecific information  |   | Maintenance:                          | \$0.00                                  |
|      |                                  |  |   |                                       |   |
|      |                                  |  |   | Support:                              | \$0.00                                  |
|      |                                  |  |   | Divorce settlement:                   | \$0.00                                  |
|      |                                  |  |   | Property settlement:                  | \$0.00                                  |
| 30.  |                                  | someone owes you   | nymente disability benefits side source   | ion nav. workere! compensation        |   |
|      |                                  | id wages, disability insurance pa<br>I Security benefits; unpaid loans |   | ion pay, workers compensation,        |   |
|      | <b>√</b> No                      |  |   |                                       |   |
|      |                                  |  |   |                                       |   |
|      | Yes. Describ                     | e  |   |                                       |   |
| 30.  | Examples: Unpai                  | id wages, disability insurance pa                                      | ayments, disability benefits, sick pay, vacati<br>s you made to someone else      | Property settlement:                  |   |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 17 of 69

| Deb  | tor 1 Veneice                                 | R  | Shelton   | Case number (if known)                         |   |
|------|---|--|---|--|---|
|      | First Name                                    | Middle Name  | Last Name   |  |   |
| 31.  | Interests in insurance Examples: Health, disa |  | n savings account (HSA); credit,                                | homeowner's, or renter's insurance             |   |
|      | Yes. Name the ins                             | urance company   | Company name:   | Beneficiary:                                   | Surrender or refund value:                                  |
| 32.  |   |  |   | cy, or are currently entitled to receive       |   |
|      | No Yes. Describe                              |  |   |  |   |
| 33.  |   | parties, whether or not yo employment disputes, insura | u have filed a lawsuit or made<br>ance claims, or rights to sue | e a demand for payment                         |   |
|      | No Yes. Describe                              |  |   |  |   |
| 34.  | Other contingent and to set off claims        | d unliquidated claims of e                             | very nature, including counter                                  | rclaims of the debtor and rights               |   |
|      | ✓ No  Yes. Describe                           |  |   |  |   |
| 35.  | Any financial assets                          | you did not already list                               |   |  |   |
|      | ✓ No Yes. Describe                            |  |   |  |   |
| 36.  |   | •  | Part 4, including any entries f                                 |  | \$574.00  |
| Part | 5: Describe Any E                             | Business-Related Prop                                  | erty You Own or Have an   | nterest In. List any real estate in Pa         | rt 1.   |
| 37.  |   |  | rest in any business-related p                                  |  |   |
|      | •   | , .ogai oi oquitable litte                             | . see any baomess related p                                     |  | Current value of the  |
|      | No. Go to Part 6.  Yes. Go to line 38         |  |   |  | portion you own? Do not deduct secured claims or exemptions |
| 38.  | Accounts receivable                           | or commissions you alrea                               | dy earned   |  |   |
|      | No Yes. Describe                              |  |   |  |   |
| 39.  |   | rnishings, and supplies elated computers, software, r  | nodems, printers, copiers, fax m                                | achines, rugs, telephones, desks, chairs, elec | ctronic devices   |
|      | ✓ No Yes. Describe                            |  |   |  |   |
|      |   |  |   |  |   |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 18 of 69

| Deb  | tor 1 Veneice           | R                                 | Shelton                             | Case number (if known)            |  |
|------|-------------------------|-----------------------------------|-------------------------------------|-----------------------------------|--|
| 1.0  | First Name              | Middle Name                       | Last Name                           |                                   |  |
| 40.  | Machinery, fixtures, e  | equipment, supplies you           | use in business, and tools of yo    | our trade                         |  |
|      | <b>✓</b> No             |                                   |                                     |                                   |  |
|      | Yes. Describe           |                                   |                                     |                                   |  |
|      | _                       |                                   |                                     |                                   |  |
| 44   |                         |                                   |                                     |                                   |  |
| 41.  | Inventory               |                                   |                                     |                                   |  |
|      | <b>✓</b> No             |                                   |                                     |                                   |  |
|      | Yes. Describe           |                                   |                                     |                                   |  |
|      |                         |                                   |                                     |                                   |  |
| 12   | Interests in partnersh  | nine or joint vontures            |                                     |                                   |  |
| 42.  |                         | iips or joint ventures            |                                     |                                   |  |
|      | <b>✓</b> No             |                                   | Name of entity:                     | % of ownership:                   |  |
|      | Yes. Give specific      |                                   | Tiamo or omaly.                     | /s c. ee.                         |  |
|      | information about them  |                                   |                                     |                                   | _  |
|      | arom                    |                                   |                                     |                                   |  |
|      |                         |                                   |                                     | -                                 | <del>-</del>                                   |
| 12   | Customor lists, mailing | lists, or other compilat          | ione                                | <u> </u>                          |  |
| 45.  |                         | insts, or other compliat          | iolis                               |                                   |  |
|      | <b>✓</b> No             |                                   |                                     |                                   |  |
|      | Yes. Do your lists i    | nclude personally identifial      | ole information (as defined in 11 l | J.S.C. § 101(41A))?               |  |
|      | ☐ No                    |                                   |                                     |                                   |  |
|      | Yes. Desc               | ribe                              |                                     |                                   |  |
|      |                         |                                   |                                     |                                   |  |
| 44.  | Any business-related    | property you did not alr          | eady list                           |                                   |  |
|      | <b>✓</b> No             |                                   |                                     |                                   |  |
|      | Yes. Give specific      |                                   |                                     |                                   | <del>_</del>                                   |
|      | information             |                                   |                                     |                                   |  |
|      |                         |                                   |                                     |                                   |  |
|      |                         |                                   |                                     |                                   | <del></del>                                    |
|      |                         |                                   |                                     |                                   |  |
|      |                         |                                   |                                     |                                   |  |
|      |                         |                                   |                                     |                                   |  |
|      |                         |                                   |                                     |                                   | <u> </u>                                       |
|      |                         |                                   |                                     |                                   |  |
|      |                         |                                   | art 5, including any entries for    |                                   |  |
| •    |                         |                                   |                                     |                                   |  |
| Pari |                         |                                   |                                     | y You Own or Have an Interest In. |  |
|      | If you own or have ar   | n interest in farmland, list it i | n Part 1.                           |                                   |  |
| 46.  | Do you own or have a    | ny legal or equitable int         | erest in any farm- or commerc       | ial fishing-related property?     |  |
|      | No. Go to Part 7.       |                                   |                                     |                                   | Current value of the                           |
|      | Yes. Go to line 47.     |                                   |                                     |                                   | portion you own?  Do not deduct secured claims |
|      |                         |                                   |                                     |                                   | or exemptions                                  |
| 47.  | Farm animals            |                                   |                                     |                                   |  |
|      | Examples: Livestock, p  | oultry, farm-raised fish          |                                     |                                   |  |
|      | <b>✓</b> No             |                                   |                                     |                                   |  |
|      | Yes. Describe           |                                   |                                     |                                   |  |
|      | _                       |                                   |                                     |                                   |  |
|      |                         |                                   |                                     |                                   |  |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 19 of 69

| Debt         | tor 1 Veneice<br>First Name | R<br>Middle Name                           | Shelton<br>Last Name    | Case number (if known)         | <del></del> , |
|--------------|-----------------------------|--|-------------------------|--------------------------------|---------------|
| 48.          | Crops-either growing        | or harvested                               |                         |                                |               |
|              | No Yes. Describe            |  |                         |                                |               |
| 49.          | Farm and fishing equi       | pment, implements, machinery, fixtu        | res, and tools of trade |                                |               |
|              | <b>✓</b> No                 |  |                         |                                |               |
|              | Yes. Describe               |  |                         |                                |               |
| 50.          | Farm and fishing supp       | lies, chemicals, and feed                  |                         |                                |               |
|              | <b>✓</b> No                 |  |                         |                                |               |
|              | Yes. Describe               |  |                         |                                |               |
| 51.          | Any farm- and comme         | rcial fishing-related property you did     | not already list        |                                |               |
| 51.          | No                          | notal halling-related property you did     | not already list        |                                |               |
|              | Yes. Describe               |  |                         |                                |               |
|              |                             |  |                         |                                |               |
|              |                             | II of your entries from Part 6, includir   |                         | ou have attached               |               |
| •            |                             |  |                         | L                              |               |
|              |                             |  |                         |                                |               |
| Part 1       | 7: Describe All Pro         | perty You Own or Have an Inter             | est in That You Did No  | ot List Above                  |               |
| 53.          |                             | perty of any kind you did not already      | list?                   |                                |               |
|              |                             | ts, country club membership                |                         |                                |               |
|              | ✓ No  Yes. Give specific    |  |                         |                                |               |
|              | information                 |  |                         |                                |               |
|              |                             |  |                         |                                |               |
| 54 A         | dd tho dollar valuo of a    | II of your entries from Part 7. Write tl   | aat number bere         |                                | •             |
| J4. A        | ud the dollar value of a    | ii oi your entries iioiii Fart 7. Write ti | iat number nere         |                                |               |
|              |                             |  |                         |                                |               |
|              |                             |  |                         |                                |               |
|              |                             |  |                         |                                |               |
| Part         | 8: List the Totals of       | f Each Part of this Form                   |                         |                                |               |
| 55. <b>F</b> | Part 1: Total real estate   | e, line 2                                  |                         | <b></b>                        | \$97636.34    |
| 56. <b>r</b> | oart 2 total vehicles, lin  | ne 5                                       | \$14100.00              |                                |               |
| 57. <b>P</b> | art 3: Total personal a     | nd household items, line 15                | \$1025.00               |                                |               |
| 58. <b>P</b> | art 4: Total financial as   | ssets, line 36                             | \$574.00                |                                |               |
| 59. <b>F</b> | Part 5: Total business-r    | elated property, line 45                   |                         |                                |               |
| 60. <b>F</b> | Part 6: Total farm- and     | fishing-related property, line 52          |                         |                                |               |
| 61. <b>F</b> | Part 7: Total other prop    | erty not listed, line 54                   |                         |                                |               |
| 62.1         | Total personal property     | Add lines 56 through 61                    | \$15699.00              | Copy personal property total ▶ | + \$15699.00  |
|              |                             |  |                         | .,.                            | \$113335.34   |
| 63. <b>T</b> | otal of all property on S   | Schedule A/B. Add line 55 + line 62        |                         |                                | φ110000.04    |

#### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 20 of 69

| Fill in this infor        | mation to identify your ca | ase:        |                      |  |
|---------------------------|----------------------------|-------------|----------------------|--|
| Debtor 1                  | Veneice                    | R           | Shelton              |  |
|                           | First Name                 | Middle Name | Last Name            |  |
| Debtor 2                  |                            |             |                      |  |
| (Spouse, if filing)       | First Name                 | Middle Name | Last Name            |  |
| United States E           | Bankruptcy Court for the:  | Northern    | District of Illinois |  |
| Case number<br>(If known) |                            |             | (State)              |  |

### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Clair   | m as Exempt   |   |                                    |
|----|---|---|---|------------------------------------|
| 1. | Which set of exemptions are you claim   | ing? Check one only, ev   | ven if your spouse is filing with you.  |                                    |
|    | You are claiming state and federal  | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |                                    |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(   | 2)  |                                    |
| 2. | For any property you list on Schedule A   | A/B that you claim as e   | exempt, fill in the information below.  |                                    |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |
|    | Brief description: Checking account, Chase Bank                                     | \$24.00   | \$24.00  100% of fair market value, up to any   | 735 ILCS 5/12-1001(b)              |
|    | Line from Schedule A/B: 17  |   | applicable statutory limit  |                                    |
|    | Brief description: Living Room Set, Dining Room Set                                 | \$400.00  | \$400.00 100% of fair market value, up to any   | 735 ILCS 5/12-1001(b)              |
|    | Line from Schedule A/B: 06  |   | applicable statutory limit  |                                    |
| 3. | <b>✓</b> No   | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |                                    |

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 21 of 69

Debtor 1 Veneice R Shelton Case number (if known)
First Name Middle Name Last Name

| Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own | Amount of the exemption you claim  Check only one box for each exemption.    | Specific laws that allow exemption              |
|---|--|--|---|
|   | Copy the value from<br>Schedule A/B        |  |   |
| Brief description:  | \$14,100.00                                | <b>7</b>   | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |
| Chevorlet Impala, 2016 Line from Schedule A/B: 03                                   |  | 100% of fair market value, up to any applicable statutory limit              | _   |
| Brief description:  | \$75.00                                    | \$75.00  | 735 ILCS 5/12-1001(b)                           |
| Costume Jewelry Line from Schedule A/B: 12  |  | 100% of fair market value, up to any applicable statutory limit              | _   |
| Brief description:  | \$500.00                                   | \$500.00   | 735 ILCS 5/12-1006                              |
| Pension plan, USPS Line from Schedule A/B: 21                                       |  | 100% of fair market value, up to any applicable statutory limit              | _   |
| Brief description:  Used Clothing   | \$400.00                                   | \$400.00   | 735 ILCS 5/12-1001(a)                           |
| Line from Schedule A/B: 11  |  | 100% of fair market value, up to any applicable statutory limit              |   |
| Brief description:  Cash on Hand  | \$50.00                                    | \$50.00  | 735 ILCS 5/12-1001(b)                           |
| Line from Schedule A/B:16 Brief   |  | applicable statutory limit   | 735 ILCS 5/12-901                               |
| description:  795 E 163rd PI, South Holland, IL 60473  Line from Schedule A/B:  01  | \$97,636.34                                | \$15,000.00  100% of fair market value, up to any applicable statutory limit | -   |
| Brief description:  TV, Cell Phone Line from  | \$150.00                                   | \$150.00  100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)                           |

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 22 of 69

| Fill in          | this inform   | nation to identify your ca  | ise:  |  |  |  |                                      |
|------------------|---|---|---|--|--|--|--------------------------------------|
| Debto            | or 1  | Veneice   | R   | Shelton  |  |  |                                      |
| Debit            | )   | First Name  | Middle Name   | Last Name  |  |  |                                      |
| Debto            | or 2  |   |   |  |  |  |                                      |
| (Spous           | se, if filing)  | First Name  | Middle Name   | Last Name  |  |  |                                      |
| United           | d States Ba   | ankruptcy Court for the:  | Northern  | District of Illinois (State)   |  |  |                                      |
| Case<br>(If know | number<br>vn)   |   |   | (Giate)  |  |  |                                      |
| Off              | icial F   | Form 106D   |   |  | _  |  | Check if this is a<br>amended filing |
| Scl              | hedul   | le D: Credite   | ors Who Hav   | ve Claims Secure   | ed by Prop   | ertv   | 12/1                                 |
| Be as<br>more    | complete<br>space is n                                | and accurate as possib  | ole. If two married people  | e are filing together, both are equal<br>ber the entries, and attach it to t | ally responsible for s                                 | upplying correct info                        |                                      |
| 1. I             | Do any cr   | editors have claims so  | ecured by your propert  | y?   |  |  |                                      |
| ſ                | No. Ch  | heck this box and subn  | nit this form to the court v  | vith your other schedules. You hav   | e nothing else to rep                                  | ort on this form.                            |                                      |
| i                | ✓ Yes. F  | fill in all of the information  | n below.  |  |  |  |                                      |
| Part             | 1: List A   | II Secured Claims   |   |  |  |  |                                      |
| 2.               |   |   | tor has more than one sec   |  | Column A   | Column B                                     | Column C                             |
|                  |   |   | •   | icular claim, list the other creditors<br>order according to the creditor's  | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any             |
| 2.1              |   | RE SERVICING CTR  | Describe the property   | that secures the claim:  | \$78,819.00  | \$97,636.34                                  | \$0.00                               |
|                  | Number  NORFOLI City Who owe Debto Debto At lea and a | Street  | Contingent Unliquidated Disputed Nature of lien. Check a An agreement you r car loan) | made (such as mortgage or secured as tax lien, mechanic's lien) a lawsuit    |  |  |                                      |
|                  | Date deb  | - ·   | Last 4 digits of accour   | nt number 5213   |  |  |                                      |
| 2.2              | Creditor's N  |   |   | that secures the claim:  | \$25,500.00  | \$14,100.00                                  | <u>\$11,400.0</u> 0                  |
|                  | PO BOX<br>Number                                      |   | 073 Automobile  As of the date you file,  | , the claim is: Check all that apply.  |  |  |                                      |
|                  | Debto Debto Debto At lead and a                       | STON  MI 48333  State ZIP Code es the debt? Check one. or 1 only or 2 only or 1 and Debtor 2 only ast one of the debtors another ck if this claim relates | car loan)   | made (such as mortgage or secured as tax lien, mechanic's lien) a lawsuit    |  |  |                                      |
|                  |   | community debt  | Last 4 digits of accour   | nt number0804  |  |  |                                      |
|                  | -   | Add the dollar value of y   | your entries in Column A  | on this page. Write that number  | \$104,319.00   |  |                                      |

Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 23 of 69

| Fill i                                  | n this inform  | nation to identify your c  | ase:   |  |   |   |
|---|--|--|--|--|---|---|
| Deb                                     | tor 1  | Veneice  | R  | Shelton  |   |   |
|   |  | First Name   | Middle Name  | Last Name  |   |   |
| Deb                                     |  |  |  |  |   |   |
| (Spot                                   | use, if filing)  | First Name   | Middle Name  | Last Name  |   |   |
| Unit                                    | ed States Ba   | ankruptcy Court for the:   | Northern   | District of Illinois   |   |   |
| 0                                       |  |  |  | (State)  |   |   |
| (If kno                                 | e number<br>own)   |  |  |  |   |   |
| Off                                     | icial Fo   | orm 106E/F   |  |  |   | Check if this is an amended filing  |
| Sc                                      | hedu   | le E/F: Cre  | ditors Who   | Have Unsec   | ured Claims   | 12/15   |
| othei<br>Form<br>claim<br>the e<br>know | r party to an<br>106A/B) and sthat are<br>notries in the<br>notries in the | ny executory contracts<br>nd on Schedule G: Exe<br>listed in Schedule D: C<br>le boxes on the left. At | s or unexpired leases tha<br>cutory Contracts and Un<br>creditors Who Hold Claim | t could result in a claim. A<br>expired Leases (Official For<br>es Secured by Property. If the | also list executory contracts or<br>form 106G). Do not include an<br>nore space is needed, copy the | NONPRIORITY claims. List the on Schedule A/B: Property (Official y creditors with partially secured ne Part you need, fill it out, number ite your name and case number (if |
| Part                                    |  |  |  |  |   |   |
| 1.                                      |  | editors have priority un<br>io to Part 2.  | secured claims against   | you?   |   |   |
|   | 1.71 NO. G   |  |  |  |   |   |
|   | Yes.   | 10 10 1 art 2.   |  |  |   |   |

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

Priority

amount

Nonpriority

amount

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 24 of 69

| Debt | or 1          |   | R<br>Middle Name           | Shelton<br>Last Name | Case number (if known)   |                   |
|------|---------------|---|----------------------------|----------------------|--|-------------------|
| Part | 2:            | List All of Your NONPRIOR                                   |                            | ims                  |  |                   |
|      |               | any creditors have nonpriority u                            | ınsecured claims agair     | nst you?             | e court with your other schedules.   |                   |
| 1    | unse<br>If mo | ecured claim, list the creditor separ                       | rately for each claim. For | each claim li        | r of the creditor who holds each claim. If a creditor has more isted, identify what type of claim it is. Do not list claims already in Part 3.If you have more than four priority unsecured claims fill ou | cluded in Part 1. |
|      | _             |   |                            |                      |  | Total claim       |
| 4.1  | No            | APITAL ONE<br>onpriority Creditor's Name<br>O Box 30253     |                            |                      | Last 4 digits of account number 4194 When was the debt incurred? 9/2013  | \$2,289.00        |
|      | Νι            | umber Street  |                            |                      | As of the date you file, the claim is: Check all that apply.   |                   |
|      | <u> </u>      | alt Lake City Utah  | 84130                      |                      | Contingent   |                   |
|      | Ci            | ······································                      | Zip Code                   |                      | Unliquidated   |                   |
|      |               | ho incurred the debt? Check on                              | ie.                        |                      | Disputed   |                   |
|      | ⊻             |   |                            |                      | Type of NONPRIORITY unsecured claim:   |                   |
|      | L             | Debtor 2 only   |                            |                      | Student loans  |                   |
|      |               | Debtor 1 and Debtor 2 only  At least one of the debtors and | another                    |                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                   |
|      | F             | Check if this claim relates to                              | a community debt           |                      | Debts to pension or profit-sharing plans, and other similar debts  |                   |
|      | ls            | the claim subject to offset?                                |                            |                      | Other. Specify CreditCard  |                   |
|      | ~             | <b>/</b> No   |                            |                      |  |                   |
|      |               | Yes   |                            |                      |  |                   |
| 4.2  |               | OMENITYCAP/CHLDPLCE   |                            |                      | Last 4 digits of account number  | \$728.00          |
|      |               | onpriority Creditor's Name<br>O BOX 182120                  |                            |                      | When was the debt incurred? 9/2014   |                   |
|      | _             | umber Street  |                            |                      |  |                   |
|      |               |   |                            |                      | As of the date you file, the claim is: Check all that apply.  Contingent   |                   |
|      | _             | OLUMBUS Ohio  | 43218                      |                      | Unliquidated   |                   |
|      | Cit           | ty State  'ho incurred the debt? Check on                   | Zip Code                   |                      | Disputed   |                   |
|      |               | T Dalatan 1 amb.  | 16.                        |                      | Type of NONPRIORITY unsecured claim:   |                   |
|      | F             | Debtor 2 only   |                            |                      | Student loans  |                   |
|      | F             | Debtor 1 and Debtor 2 only                                  |                            |                      | Obligations arising out of a separation agreement or   |                   |
|      | Ē             | At least one of the debtors and                             | another                    |                      | divorce that you did not report as priority claims   |                   |
|      |               | Check if this claim relates to                              | a community debt           |                      | Debts to pension or profit-sharing plans, and other similar debts  |                   |
|      | Is            | the claim subject to offset?                                |                            |                      | Other. Specify CreditCard  |                   |
|      | <b>∠</b>      | No<br>Yes   |                            |                      |  |                   |
| 4.3  | DI            | SCOVERBANK  |                            |                      | Last 4 digits of account number 1686   | \$4,830.00        |
|      |               | onpriority Creditor's Name<br>OB 15316                      |                            |                      | When was the debt incurred? 4/2014   |                   |
|      |               | umber Street  |                            |                      |  |                   |
|      | _             |   |                            |                      | As of the date you file, the claim is: Check all that apply.  Contingent   |                   |
|      | W             | ILMINGTON Delawar   |                            |                      | Unliquidated   |                   |
|      | Cit           | ty State  The incurred the debt? Check on                   | Zip Code                   |                      | Disputed   |                   |
|      | V             | Dobtor 1 only   | ie.                        |                      |  |                   |
|      | F             | Debtor 2 only   |                            |                      | Type of NONPRIORITY unsecured claim:   |                   |
|      | F             | Debtor 1 and Debtor 2 only                                  |                            |                      | Student loans  Obligations arising out of a congretion agreement or  |                   |
|      | F             | At least one of the debtors and                             | another                    |                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |                   |
|      | F             | _   |                            |                      | Debts to pension or profit-sharing plans, and other similar  |                   |
|      | L             | Check if this claim relates to the claim subject to offset? | a community debt           |                      | debts  Other. Specify CreditCard   |                   |
|      | J             | No  |                            |                      |  |                   |
|      |               | Yes   |                            |                      |  |                   |

#### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Page 25 of 69 Document

R Shelton Debtor 1 Veneice Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 SYNCB/HH GREGG \$2,269.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 965036 When was the debt incurred? 5/2016 Number As of the date you file, the claim is: Check all that apply. Contingent **ORLANDO** Florida 32896 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes SYNCB/JCP \$804.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 965007 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Florida 32896 Orlando Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes SYNCB/SAMS 4.6 \$3,094.00 Last 4 digits of account number \_ Nonpriority Creditor's Name PO BOX 965005 When was the debt incurred? 10/2014 Number As of the date you file, the claim is: Check all that apply. Contingent **ORLANDO** 32896 Florida Unliquidated City Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or

### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 26 of 69

Debtor 1 Veneice R Shelton Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** SYNCB/WALMART 4.7 \$4,094.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 981400 1/2012 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent EL PASO 79998 Texas Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt ✓ Other. Specify \_\_\_\_ CreditCard Is the claim subject to offset? **✓** No Yes

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 27 of 69

Debtor 1 Veneice R Shelton Case number (if known)

| FIRST Na                 | me Middle Name Last Name  |         |                      |         |
|--------------------------|---|---------|----------------------|---------|
| Part 4: Add t            | ne Amounts for Each Type of Unsecured Claim   |         |                      |         |
|                          | nmounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. | s for s | tatistical reporting | purpose |
|                          |   |         | Total claims         |         |
| Total claims from Part 1 | 6a. Domestic support obligations.   | 6a.     | \$0.00               |         |
|                          | 6b. Taxes and certain other debts you owe the government  | 6b.     | \$0.00               |         |
|                          | 6c. Claims for death or personal injury while you were intoxicated  | 6c.     | \$0.00               |         |
|                          | 6d. Other. Add all other priority unsecured claims. Write that  | 6d.     | \$0.00               |         |
|                          | amount here.  6e. Total. Add lines 6a through 6d.   | 6e.     | \$0.00               |         |
|                          | oe. Total. Add lines of through od.   | oe.     |                      |         |
|                          |   |         | Total claims         |         |
| Total claims from Part 2 | 6f. Student loans   | 6f.     | \$0.00               |         |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims   | 6g.     | \$0.00               |         |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts   | 6h.     | \$0.00               |         |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                                | 6i.     | \$18,108.00          |         |
|                          | 6i Total Add lines 6f through 6i  | 6i      | \$18,108.00          |         |

Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 28 of 69

| Fill in this infor  | mation to identify your c | ase:        |                      |
|---------------------|---------------------------|-------------|----------------------|
| Debtor 1            | Veneice                   | R           | Shelton              |
|                     | First Name                | Middle Name | Last Name            |
| Debtor 2            |                           |             |                      |
| (Spouse, if filing) | First Name                | Middle Name | Last Name            |
| United States E     | Sankruptcy Court for the: | Northern    | District of Illinois |
|                     |                           |             | (State)              |
| Case number         |                           |             |                      |

### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 29 of 69

| Fill in this info                           | rmation to identify your c  | ase:  |  |                                  | 1   |
|---|---|---|--|----------------------------------|---|
| Debtor 1                                    | Veneice   | R   | Shelton  |                                  |   |
|   | First Name  | Middle Name   | Last Name  |                                  |   |
| Debtor 2<br>(Spouse, if filing)             | First Name a  | Middle Noses  | Last Names   |                                  |   |
| (opodoc, ir iiirig)                         | First Name  | Middle Name   | Last Name  |                                  |   |
| United States                               | Bankruptcy Court for the:   | Northern  | District of Illinois                                 |                                  |   |
| Case number                                 |   |   | (State)  |                                  |   |
| (If known)                                  |   |   |  |                                  |   |
|   |   |   |  |                                  | Check if this is an amended filing                                |
| Ott: o: ol                                  | Form 10611  |   |  |                                  | amended ming  |
| Official                                    | Form 106H   |   |  |                                  |   |
| Schedul                                     | le H: Your Cod  | lebtors   |  |                                  | 12/15   |
| 1. Do you h  No Yes  2. Within th Idaho, Lo | ne last 8 years, have you<br>buisiana, Nevada, New Mex<br>Go to line 3. | <b>lived in a community pro</b><br>ico, Puerto Rico, Texas, W | operty state or territory<br>/ashington, and Wiscons | <b>?</b> ( <i>Commur</i><br>in.) | nity property states and territories include Arizona, California, |
| L   | s. Did your spouse, forme<br>No   | er spouse, or legal equiva                                    | alent live with you at the                           | urre?                            |   |
|   |   | y state or territory did yo                                   | u live?  | Fill in t                        | the name and current address of that person.                      |
|   | Name of your spouse, f  | ormer spouse, or legal equ                                    | uivalent   |                                  |   |
|   | Number Street   |   |  |                                  |   |
|   | City  | State   | Zip C  | ode                              |   |
| 3 In Colum                                  | n 1 list all of your code   | otors Do not include vo                                       | ir snouse as a codebtor                              | if your spo                      | use is filing with you. List the person shown in line 2           |
|   | •   | -   | •  |                                  | ed the creditor on Schedule D (Official Form 106D),               |

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 30 of 69

| Fill in this inf                                | ormation to identify                 | vour case.  |                   |                      |                   |  |
|---|--------------------------------------|---|-------------------|----------------------|-------------------|--|
|   | <u> </u>                             | -   | Obstin            |                      |                   |  |
| Debtor 1  | Veneice<br>First Name                | R<br>Middle Name  | Sheltor<br>Last N |                      | _                 | AL 2011 (A. 1)   |
| Debtor 2  |                                      |   |                   |                      |                   | ock if this is:  |
| (Spouse, if filing)                             | First Name                           | Middle Name   | Last N            | ame                  |                   | An amended filing  |
|   | Bankruptcy Court for                 | Northern  | District of Illi  |                      |                   | A supplement showing post-petition chapte<br>expenses as of the following date:                                    |
| the:<br>Case number                             |                                      |   | (S                | tate)                |                   |  |
| (If known)                                      |                                      |   |                   |                      |                   | MM / DD / YYYY   |
| Official I                                      | Form 106I                            |   |                   |                      |                   |  |
| Schedul   | e I: Your In                         | come  |                   |                      |                   | 1:   |
| information a<br>spouse. If mo<br>number (if kn | bout your spouse. I                  | f you are separated and<br>, attach a separate she<br>y question. | d your spous      | se is not filin      | g with you, do    | r spouse is living with you, include<br>not include information about your<br>ional pages, write your name and cas |
| 1. Fill in you                                  | r employment                         |   | Debtor 1          |                      |                   | Debtor 2   |
| informatio                                      | n.                                   | Employment status   |                   |                      |                   |  |
| •   | e more than one job,                 | Employment status   | ✓ Emplo           | •                    |                   | Employed   |
|   | parate page with<br>about additional |   | Not Er            | nployed              |                   | Not Employed   |
| employers.                                      |                                      | Occupation  |                   |                      |                   |  |
| Include par<br>self-emplo                       | t time, seasonal, or                 | Employer's name   | USPS              |                      |                   |  |
|   | n may include student                | Employer's address  | 230 North         | gate St              |                   |  |
| •   | aker, if it applies.                 |   | Number Str        | eet                  |                   | Number Street  |
|   |                                      |   | -                 |                      |                   |  |
|   |                                      |   | Lake Fores        | st Illinois<br>State | 60045<br>Zip Code | City Chata Zin Code  |
|   |                                      |   | City              | State                | Zip Code          | City State Zip Code  |
|   |                                      | How long employed there?  |                   |                      |                   |  |
| Part 2: Giv                                     | e Details About N                    | onthly Income   |                   |                      |                   |  |
| spouse unles<br>If you or your                  | s you are separated.                 | e more than one employer,   | •                 |                      | •                 | write \$0 in the space. Include your non-filing  |
| тюго орасо,                                     | attaon a soparate sno                |   |                   | For                  | Debtor 1          | For Debtor 2 or non-filing spouse  |
|   |                                      | ary, and commissions (before, calculate what the monthly          |                   | 2.                   | \$3,204.93        |  |
| 3. Estimate                                     | e and list monthly over              | rtime pay.  |                   | 3                    | + \$406.23        |  |
| 4. Calculat                                     | e gross income. Add li               | ne 2 + line 3.  |                   | 4.                   | \$3,611.16        |  |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 31 of 69

| Debte                 | or 1Veneice  |  | Shelton             | Case numbe           | er (if                            |                         |
|-----------------------|--|--|---------------------|----------------------|-----------------------------------|-------------------------|
|                       | First Name   | Middle Name  | Last Name           | known) For Debtor 1  | For Debtor 2 or non-filing spouse |                         |
| Coi                   | by line 4 here   |  | <b>→</b> 4.         | \$3,611.16           |                                   |                         |
|                       | t all payroll deductions:  |  |                     |                      |                                   |                         |
| 5a                    | . Tax, Medicare, and Social Sec  | curity deductions  | 5a.                 | \$744.66             |                                   |                         |
| 5b                    | . Mandatory contributions for r  | retirement plans   | 5b.                 | \$0.00               |                                   |                         |
| 5c.                   | . Voluntary contributions for re   | tirement plans   | 5c.                 | \$0.00               |                                   |                         |
| 5d                    | . Required repayments of retire  | ement fund loans   | 5d.                 | \$0.00               |                                   |                         |
| 5e                    | Insurance  |  | 5e.                 | \$299.46             |                                   |                         |
| 5f.                   | Domestic support obligations   |  | 5f.                 | \$0.00               |                                   |                         |
| 5g                    | . Union dues   |  | 5g.                 | \$62.21              |                                   |                         |
| 5h                    | . Other deductions. Specify: RE  | EQ. TSP  | 5h. +               | \$96.16              | ÷                                 |                         |
| 6. <b>Add</b><br>+5h. | d the payroll deductions. Add li   | nes 5a + 5b + 5c + 5d + 5e +5                              | of + 5g 6.          | \$1,202.48           |                                   |                         |
| 7. <b>C</b> al        | culate total monthly take-hom  | ne pay. Subtract line 6 from lin                           | e 4. 7.             | \$2,408.68           |                                   |                         |
| 8. <b>Lis</b>         | t all other income regularly red   | ceived:  |                     |                      |                                   |                         |
| 8a.                   | Net income from rental prope<br>business, profession, or farm  |  |                     |                      |                                   |                         |
|                       | Attach a statement for each prop<br>gross receipts, ordinary and nec<br>the total monthly net income.  |  | d<br>8a.            | \$0.00               |                                   |                         |
| 8b                    | . Interest and dividends   |  | 8b.                 | \$0.00               |                                   |                         |
| 8c                    | Family support payments that dependent regularly receive   | t you, a non-filing spouse, or                             | а                   |                      |                                   |                         |
|                       | Include alimony, spousal suppo<br>divorce settlement, and property   |  | ,<br>8c.            | \$0.00               |                                   |                         |
| 8d                    | . Unemployment compensation  | 1  | 8d.                 | \$0.00               | <del></del>                       |                         |
| 8e.                   | Social Security  |  | 8e.                 | \$0.00               |                                   |                         |
| 8f.                   | Other government assistance<br>Include cash assistance and the<br>cash assistance that you receive,<br>under the Supplemental Nutrition<br>housing subsidies<br>Specify: | value (if known) of any non-, such as food stamps (benefit | s<br>8f.            | \$0.00               |                                   |                         |
| 8a                    | . Pension or retirement income   | <u> </u>   | 8g.                 | \$0.00               |                                   |                         |
|                       | . Other monthly income. Specif   |  | 8h. +               | \$200.00             |                                   |                         |
|                       | d all other income Add lines 8a  |  |                     | \$200.00             |                                   |                         |
| 0.714                 | an onio moonio naa miss sa   |  |                     | Ψ200.00              |                                   |                         |
|                       | Iculate monthly income. Add li<br>d the entries in line 10 for Debtor  |  | pouse               | \$2,608.68           | =                                 | \$2,608.68              |
| In o                  | ate all other regular contribut<br>clude contributions from an unma<br>ends or relatives.<br>not include any amounts already   | arried partner, members of you                             | r household, your d | ependents, your room |                                   |                         |
|                       | ecify:   | ,  | and that are not av | and to pur expenses  |                                   | 1. + \$0.00             |
| <u>—</u>              |  |  |                     |                      |                                   | Ψ0.00                   |
|                       | dd the amount in the last colur<br>ite that amount on the Summary  |  |                     |                      |                                   | \$2,608.68              |
|                       |  |  |                     |                      |                                   | Combined monthly income |
| 13. <b>D</b>          | ס you expect an increase or de   | crease within the year after                               | you file this form? |                      |                                   |                         |
| <u> </u>              | No.  |  |                     |                      |                                   |                         |
|                       | Yes. Explain:  |  |                     |                      |                                   |                         |
|                       |  |  |                     |                      |                                   |                         |

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 32 of 69

|                                    |  | Docu   | iment Page 32 of 69   | 9                                   |   |
|------------------------------------|--|--|---|-------------------------------------|---|
| Fill in this infor                 | mation to identify yo                        | ur case:   |   |                                     |   |
| Debtor 1                           | Veneice<br>First Name                        | R<br>Middle Name   | Shelton<br>Last Name  |                                     |   |
| Debtor 2<br>(Spouse, if filing)    | First Name                                   | Middle Name  | Last Name   | Check if this is:  An amended filir | ng  |
| United States E                    | Bankruptcy Court for t                       | he: Northern [   | District of Illinois (State)  |                                     | nowing post-petition chapter 13 the following date: |
| Case number<br>(If known)          | -  |  |   | MM / DD / YYYY                      | ,   |
| Official                           | Form 106                                     | <u>J</u>   |   |                                     |   |
| Schedul                            | e J: Your Ex                                 | xpenses  |   |                                     | 12/15   |
| information. If                    | •  | ed, attach another sheet to this   | re filing together, both are equal form. On the top of any addition   |                                     |   |
| Part 1: Des                        | cribe Your House                             | hold   |   |                                     |   |
| 1. Is this a joi                   | nt case?                                     |  |   |                                     |   |
| ✓ No. Go                           | to line 2                                    |  |   |                                     |   |
| Yes. Do                            | oes Debtor 2 live in                         | a separate household?  |   |                                     |   |
|                                    | No   |  |   |                                     |   |
|                                    | Yes. Debtor 2 mus                            | st file Official Forms 106J-2, Exper                                       | nses for Separate Household of Deb                                    | tor 2.                              |   |
| 2. Do you hav                      | e dependents?                                | No   |   |                                     |   |
| Do not list D<br>Debtor 2.         | ebtor 1 and                                  | Yes. Fill out this information for each dependent                          | Dependent's relationship to<br>Debtor 1 or Debtor 2                   | Dependent's age                     | Does dependent live with you?                       |
|                                    | penses include<br>f people other             | No   |   |                                     |   |
| than<br>yourself and<br>dependents | d your                                       | Yes  |   |                                     |   |
| Part 2: Estin                      | mate Your Ongoiı                             | ng Monthly Expenses  |   |                                     |   |
| _                                  | of a date after the ba                       |  | rou are using this form as a suppl<br>plemental Schedule J, check the | •                                   |   |
|                                    | •  | on-cash government assistance<br>ed it on Sc <i>hedule I: Your Incom</i> e | -   |                                     | Your expenses                                       |
|                                    | or home ownership<br>or the ground or lot. 4 |  | clude first mortgage payments and                                     |                                     | <b>\$1,015.00</b>                                   |
| _                                  | uded in line 4:                              |  |   |                                     | ••  |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 33 of 69

 Debtor 1 Veneice
 R
 Shelton
 Case number (if known)

 First Name
 Middle Name
 Last Name

| First Name Middle Name  | Last Name  |     |               |
|---|--|-----|---------------|
|   |  |     | Your expenses |
| 5. Additional mortgage payments for your residence, such                                      | ch as home equity loans                          | 5.  | \$0.00        |
| 6. Utilities:   |  |     |               |
| 6a. Electricity, heat, natural gas  |  | 6a. | \$100.00      |
| 6b. Water, sewer, garbage collection  |  | 6b. | \$24.00       |
| 6c. Telephone, cell phone, Internet, satellite, and cable set                                 | rvices   | 6c. | \$124.00      |
| 6d. Other. Specify:   |  | 6d  | \$0.00        |
| 7. Food and housekeeping supplies   |  | 7.  | \$220.00      |
| 8. Childcare and children's education costs   |  | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning  |  | 9.  | \$10.00       |
| 10. Personal care products and services   |  | 10. | \$10.00       |
| 11. Medical and dental expenses   |  | 11. | \$0.00        |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train Do not include car payments | fare.  | 12. | \$60.00       |
| 13. Entertainment, clubs, recreation, newspapers, maga  | zines, and books                                 | 13. | \$0.00        |
| 14. Charitable contributions and religious donations  |  | 14. | \$50.00       |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or include.             | ided in lines 4 or 20.                           |     |               |
| 15a. Life insurance   |  | 15a | \$0.00        |
| 15b. Health insurance   |  | 15b | \$0.00        |
| 15c. Vehicle insurance  |  | 15c | \$220.00      |
| 15d. Other insurance. Specify:  |  | 15d | \$0.00        |
| 16. Taxes. Do not include taxes deducted from your pay or i                                   | ncluded in lines 4 or 20.                        |     |               |
| Specify:  |  | 16  | \$0.00        |
| 17. Installment or lease payments:  |  | 10  |               |
| 17a. Car payments for Vehicle 1   |  | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2   |  | 17b | \$0.00        |
| 17c. Other. Specify:  |  | 17c | \$0.00        |
| 17d. Other. Specify:  |  | 17d | \$0.00        |
| 18. Your payments of alimony, maintenance, and support  | t that you did not report as deducted from       |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official   | Form 106I).                                      | 18. |               |
| 19.Other payments you make to support others who do   | not live with you.                               |     |               |
| Specify:  |  | 19. | \$0.00        |
| 20. Other real property expenses not included in lines 4 and 20a. Mortgages on other property | or 5 of this form or on Schedule I: Your Income. | 00  | <b>40.00</b>  |
| 20b. Real estate taxes.   |  | 20a | \$0.00        |
|   |  | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance   |  | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.  |  | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues  |  | 20e | \$0.00        |

Official Form 106J Schedule J: Your Expenses page 2

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 34 of 69

| Debtor 1 Ven         |  | R                   | Shelton     | Case number (if known) |     |            |
|----------------------|--|---------------------|-------------|------------------------|-----|------------|
|                      | t Name   | Middle Name         | Last Name   |                        |     |            |
| 21. <b>Other.</b> Sp | pecify:  |                     |             |                        | 21  | \$0.00     |
| 00 0-1-1-1           |  |                     |             |                        |     |            |
|                      | e your monthly expenses.                                 |                     |             |                        |     | \$1,833.00 |
|                      | lines 4 through 21.                                      | ( B                 |             |                        |     | \$0.00     |
| •                    | y line 22 (monthly expenses                              | ,,                  |             |                        |     | \$1,833.00 |
|                      | line 22a and 22b. The resul                              |                     | enses.      |                        | 22. |            |
|                      | your monthly net income                                  |                     |             |                        |     |            |
| 23a. Copy            | y line 12 (your combined me                              | onthly income) from | Schedule I. |                        | 23a | \$2,608.68 |
| 23b. Cop             | y your monthly expenses fro                              | om line 22 above.   |             |                        | 23b | \$1,833.00 |
|                      | ract your monthly expenses                               |                     | ncome.      |                        |     | \$775.68   |
| The                  | result is your monthly net in                            | icome.              |             |                        | 23c |            |
|                      | nple, do you expect to finishe payment to increase or de |                     |             |                        |     |            |

### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 35 of 69

| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Veneice                   | R           | Shelton                      |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number                                     |                           |             | (,                           |  |  |  |  |

### Official Form 106Dec

| П | Check if this is an |
|---|---------------------|
|   | amended filing      |

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |  |
|-----|--|---|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                    | nelp you fill out bankruptcy forms?   |  |
|     | ✓ No   |   |  |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |
|     |  |   |  |
|     |  |   |  |
|     | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and   |  |
| x   | /s/ Veneice Shelton  | *   |  |
| ^   | Signature of Debtor 1  | Signature of Debtor 2   |  |
|     |  | •   |  |
|     | Date 6/7/2017<br>MM/DD/YYYY  | Date MM/DD/YYYY   |  |

Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 36 of 69

| Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married  Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  No  Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1: Dates Debtor 1 lived there  Dates Debtor 1 lived there  Same as Debtor 1  Same as Debtor 1  Same as Debtor 1  To  Datton Illinois 60419  City State Zip Code   |                             | formation to identify your                         | case:                           |                          |                              |          |                            |
|--|-----------------------------|--|---------------------------------|--------------------------|------------------------------|----------|----------------------------|
| Debtor 2:   Dates Debtor 1   Illinois   Got 19   Class Bank and where you live now.  | Debtor 1                    | Veneice  | R                               | Shelton                  |                              |          |                            |
| Spouse, If filing   First Name   Middle Name   Last Name   | Dahta : 0                   | First Name   | Middle N                        | lame Last Nam            | e                            |          |                            |
| Case number (Ifficonal)  Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?    Married   Not married  2. During the last 3 years, have you lived anywhere other than where you live now?   No   Yes. List all of the places you lived in the last 3 years. Do not include where you live now.    Debtor 1:   |                             | First Name   | Middle N                        | Jame Last Nam            | <u>e</u>                     |          |                            |
| Case number   Check if the armended   Check if the arm | United States               | s Bankruptcy Court for the                         | : Northern                      |                          | -                            |          |                            |
| Check if the amended   |                             | er   |                                 | (Stat                    | e)                           |          |                            |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?    Married   Not married     No   Ves. List all of the places you lived anywhere other than where you live now?    Debtor 1:   Dates Debtor 1 lived there   Debtor 2:   Dates Debtor 2 lived there     Same as Debtor 1   Same as Debtor 1   Same as Debtor 1     Dates Debtor 2 lived there   Same as Debtor 1   Same as Debtor 1   Same as Debtor 1     Dates Debtor 2 lived there   Same as Debtor 1   Same as Debt | (If known)                  |  |                                 |                          |                              |          | Check if this is a         |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:   Give Details About Your Marital Status and Where You Lived Before   | Official 4 1                | I Form 107   |                                 |                          |                              |          | amended filing             |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Give Details About Your Marital Status and Where You Lived Before  1. What is your current marital status?  Married  Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  Poebtor 1:  Dates Debtor 1 lived there  Debtor 2:  Dates Debtor 2 lived there  Dates Debtor 1 lived there  1. Same as Debtor 1  Same as Debtor 1  Dates Debtor 2 lived there  Number Street  From  To  Number Street  From  Same as Debtor 1  Number Street  From  To  Number Street  From  To  To   | Statem                      | ent of Financi                                     | al Affairs f                    | or Individuals           | Filing for Bankru            | otcy     | 04/1                       |
| 1. What is your current marital status?  Married Not married  2. During the last 3 years, have you lived anywhere other than where you live now?  No ✓ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1:  Dates Debtor 1 lived there  Debtor 2:  Dates Debtor 2 live there  Same as Debtor 1  Same as Debtor 1  Number Street  From  Datton Illinois 60419  City State Zip Code  Number Street  From  Number Street  | information<br>number (if k | n. If more space is need<br>known). Answer every ( | led, attach a sepa<br>question. | arate sheet to this form | . On the top of any addition |          |                            |
| Married   Not married  |                             |  |                                 | and where rou lived      | belore                       |          |                            |
| Not married  |                             |  | tutuo.                          |                          |                              |          |                            |
| 2. During the last 3 years, have you lived anywhere other than where you live now?  No Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1: Dates Debtor 1 lived there  Same as Debtor 2: Dates Debtor 2 live there  Same as Debtor 1 Same as Debtor 1  Dates Debtor 2 live there  Same as Debtor 1  Same as Debtor 1  To  Dates Debtor 2 live there  Same as Debtor 1  Same as Debtor 1  To  Number Street  From To  Same as Debtor 1  Same as Debtor 1  Number Street  From Number Street  Number Street  From Number Street  From To  Number Street  From To  Number Street  From To  Number Street  From To  To  | <u> </u>                    |  |                                 |                          |                              |          |                            |
| No  Yes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1:  Dates Debtor 1 lived there  Same as Debtor 1  Same as Debtor 1  Number Street  Dates Debtor 2 live there  Same as Debtor 1  Same as Debtor 1  City State Zip Code  Number Street  Number Street  From  Same as Debtor 1  Same as Debtor 1  Same as Debtor 1  Same as Debtor 1  Number Street   | O Dumina                    | m the leat 2 years hove y                          | ravi livrad amendana            | athar than whore you liv | ma2                          |          |                            |
| 14831 S. Cottage Grove Ave Number Street To  Dalton Illinois 60419 City State Zip Code  From City State Zip Code  Number Street  From To  City State Zip Code  Number Street  Number Street  From To  Number Street  To  To  To  To  To  To  To  To  To  T   | ✓ Ye                        | es. List all of the places y                       | ou lived in the last            | Dates Debtor 1 lived     |                              |          | Dates Debtor 2 lived there |
| 14831 S. Cottage Grove Ave Number Street  To  Dalton Illinois 60419 City State Zip Code  From City State Zip Code  Number Street  From To  Same as Debtor 1  Number Street  From To  Number Street  To  To  To  To  To  To  To  To  To  T  |                             |  |                                 |                          | Samo as Dobtor 1             |          | Samo as Dobtor 1           |
| Number Street         From   |                             |  |                                 |                          | Same as Deptor 1             |          | Same as Deptor 1           |
| Dalton Illinois 60419 City State Zip Code  City State Zip Code  Same as Debtor 1  Number Street  To  To  | _                           |  | <u>e</u>                        | From                     | Number Street                |          | From                       |
| City     State     Zip Code       Same as Debtor 1     Same as Debtor 1       Number Street     From   |                             |  |                                 | То                       |                              |          | То                         |
| Number Street From Number Street From To   | _                           | Jalton Illinois                                    |                                 |                          | City State                   | Zin Code |                            |
| Number Street         From         Number Street         From           To         To         To   |                             |  |                                 |                          | Oity State                   | Zip Code |                            |
| To To To   |                             |  | Zip Code                        |                          | Same as Debtor 1             |          | Same as Debtor 1           |
|  |                             |  | Zip Code                        |                          | Same as Debtor 1             |          | Same as Debtor 1           |
| City State Zip Code City State Zip Code  | <u>Ci</u>                   | City State   | Zip Code                        | From                     |                              |          |                            |
|  | <u>Ci</u>                   | City State   | Zip Code                        |                          |                              |          | From                       |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property state  | Ci<br>N                     | Dity State  Number Street                          |                                 |                          | Number Street                | Zip Code | From                       |

#### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 37 of 69

Shelton

Debtor 1 Veneice Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$16335.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$42821.99 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$45000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 38 of 69

Shelton Debtor 1 Veneice \_\_ Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or

vendors
Other

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 39 of 69

| or 1              | Veneice                                |  | R  |   | elton                                       | Case number                                  | (if known)  |
|-------------------|--|--|--|---|---|--|---|
|                   | First Name                             |  | Middle Name  | Las                                       | st Name                                     |  |   |
| nsi<br>orp<br>ige | ders include your<br>porations of whic | relatives; a<br>h you are a<br>for a busin | any general partner<br>an officer, director,<br>ness you operate a | s; relatives of any<br>person in control, | general partners; par<br>or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| <b>✓</b>          | No                                     |  |  |   |   |  |   |
| $\Box$            | Yes. List all pay                      | ments to a                                 | an insider.  | Dates of                                  | Total amount                                | Amount you                                   | Reason for this payment   |
|                   |  |  |  | payment                                   | paid  | still owe                                    |   |
|                   | Insider's Name                         |  |  |   |   |  |   |
|                   | Number Street                          |  |  |   |   |  |   |
|                   | City                                   | State                                      | Zip Code   |   |   |  |   |
|                   | Insider's Name                         |  |  |   |   |  |   |
|                   | Number Street                          |  |  |   |   |  |   |
|                   |  |  |  |   |   |  |   |
|                   | City                                   | State                                      | Zip Code   |   |   |  |   |
|                   | No                                     | _  | aranteed or cosigne<br>t benefited an ins                          | -   | Total amount paid                           | Amount you still owe                         | Reason for this payment  Include creditor's name  |
|                   | Insider's Name                         |  |  |   |   |  |   |
|                   | Number Street                          |  |  |   |   |  |   |
|                   | City                                   | State                                      | Zip Code   |   |   |  |   |
|                   | Insider's Name                         |  |  |   | ·   |  |   |
|                   | Number Street                          |  |  |   |   |  |   |
|                   |  |  |  |   |   |  |   |
|                   | City                                   | State                                      | Zip Code   |   |   |  |   |

### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 40 of 69

Debtor 1 Veneice Shelton Case number (if known) Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property 2016 Chevrolet Impala \$14100 05/2017 TD AUTO FINANCE Creditor's Name Explain what happened PO BOX 9223 Number Street Property was repossessed. Property was foreclosed. **FARMINGTON** Michigan 48333 Property was garnished. HILLS Property was attached, seized, or levied. City State Zip Code Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished.

City

State

Zip Code

Property was attached, seized, or levied.

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 41 of 69

| Debt | tor 1 Veneice<br>First Name                        | R<br>Middle Name           | Shelton<br>Last Name          | Case number (if known)                        |                        |
|------|--|----------------------------|-------------------------------|---|------------------------|
| 11.  |  |                            |                               | pank or financial institution, set off any an | nounts from your       |
|      | accounts or refuse to ma                           |                            |                               | ,   | ·                      |
|      | <b>✓</b> No  |                            |                               |   |                        |
|      | Yes. Fill in the details                           | i.                         |                               |   |                        |
|      |  |                            | Describe the action th        | e creditor took Date action was taken         | Amount                 |
|      |  |                            | _                             |   | <u> </u>               |
|      | Creditor's Name                                    |                            |                               |   |                        |
|      | Number Street                                      |                            | -                             |   |                        |
|      |  |                            | _ Last 4 digits of account    | number: XXXX-                                 |                        |
|      |  |                            |                               |   |                        |
|      | City Sta   | ate Zip Code               | -                             |   |                        |
| 12.  | Within 1 year before you appointed receiver, a cus |                            |                               | possession of an assignee for the benefit     | of creditors, a court- |
|      | □ Na   | ·                          |                               |   |                        |
|      | ✓ No ☐ Yes   |                            |                               |   |                        |
|      | <u> </u>   |                            |                               |   |                        |
| Part | 5: List Certain Gifts a                            | nd Contributions           |                               |   |                        |
| 13.  | Within 2 years before yo                           | u filed for bankruptcy, di | d you give any gifts with a t | otal value of more than \$600 per person?     |                        |
|      | <b>✓</b> No  |                            |                               |   |                        |
|      | Yes. Fill in the details                           | s for each gift.           |                               |   |                        |
|      | Gifts with a total val                             | ue of more than \$600      | Describe the gifts            | Dates you gave the gifts                      | Value                  |
|      |  |                            |                               | giite   |                        |
|      | Person to Whom You                                 | Gave the Gift              | -                             |   |                        |
|      |  |                            | -                             |   |                        |
|      | Number Street                                      |                            | -                             |   |                        |
|      |  |                            | _                             |   |                        |
|      | City Sta   | •                          |                               |   |                        |
|      | Person's relationship t                            | o you                      |                               |   |                        |
|      |  |                            |                               |   |                        |
|      | Person to Whom You                                 | Gave the Gift              | -                             |   |                        |
|      |  |                            | -                             |   |                        |
|      | Number Street                                      |                            | -                             |   |                        |
|      | City Sta   | ate Zip Code               | -                             |   |                        |
|      | Person's relationship t                            | o you                      |                               |   |                        |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 42 of 69

| Debtor 1 | Veneice   | R  | Shelton Case   | number <i>(if known</i> )              |                   |
|----------|---|--|--|--|-------------------|
|          | First Name  | Middle Name  | Last Name  |  |                   |
|          |   |  |  |  |                   |
| t. Wi    | thin 2 years before you f   | filed for bankruptcy, did                              | you give any gifts or contributions with a                                   | total value of more than \$60          | 0 to any charity? |
| <b>✓</b> | No  |  |  |  |                   |
| Ľ        |   |  |  |  |                   |
|          | Yes. Fill in the details to   | or each gift or contributi                             | on.  |  |                   |
|          | Gifts or contributions  | to charities   | Describe what you contributed  | Date you                               | Value             |
|          | that total more than \$   | 6600   |  | contributed                            |                   |
|          |   |  |  |  |                   |
|          | Charity's Name  |  | -  |  |                   |
|          | Orianty 3 Name  |  |  |  |                   |
|          |   |  | -  |  |                   |
|          | Number Street   |  | -  |  |                   |
|          | Number Street   |  |  |  |                   |
|          | City State  | e Zip Code   | -  |  |                   |
|          | Oity  | c zip codc   |  |  |                   |
| rt 6     | List Certain Losses   |  |  |  |                   |
|          |   |  |  |  |                   |
| <b>✓</b> | No Yes. Fill in the details.  Describe the property   | vou lost and   | Describe any insurance coverage for  | r the loss Date of your                | Value of property |
|          | how the loss occurred   |  | Include the amount that insurance has pending insurance claims on line 33 of | paid. List loss                        | lost              |
|          |   |  | A/B: Property.   |  |                   |
|          |   |  |  |  |                   |
|          |   |  |  |  |                   |
| ırτ /:   | List Certain Paymer   | its or Transiers                                       |  |  |                   |
|          | No<br>Yes. Fill in the details.   | upicy peniion preparers, c                             | r credit counseling agencies for services requ                               | iled iii your bankiuptey.              |                   |
|          |   |  | Description and value of any propert transferred                             | Date paymen<br>or transfer<br>was made | Amount of         |
|          | Somrad Law Eirm   |  |  |  | payment           |
|          | Semrad Law Firm Person Who Was Paid   |  | Attamavla Fac. C 00  |  |                   |
|          | 11101 S. Western Aven   |  | Attorney's Fee - 0.00  | 6/7/2017                               | \$0.00            |
|          | TITOTO. WESTERN AVER  | IIE  | Attorney's Fee - 0.00  | 6/1/2017                               |                   |
|          | Number Street   | ue   | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Number Street   | ue   | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Number Street   | ue   | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Number Street  Chicago Illino   |  | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          |   | pis 60643  | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino<br>City State  | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino  | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State  Email or website addres  | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino<br>City State  | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State Email or website addres Person Who Made the F   | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State  Email or website addres  | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State  Email or website addres  Person Who Made the F  Person Who Was Paid                        | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State Email or website addres Person Who Made the F   | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State  Email or website addres  Person Who Made the F  Person Who Was Paid                        | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State  Email or website addres  Person Who Made the F  Person Who Was Paid                        | ois 60643<br>e Zip Code                                | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State Email or website addres Person Who Made the F Person Who Was Paid Number Street             | ois 60643<br>e Zip Code<br>s<br>Payment, if Not You    | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State Email or website addres Person Who Made the F Person Who Was Paid Number Street             | ois 60643<br>e Zip Code<br>s<br>Payment, if Not You    | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State Email or website addres Person Who Made the F Person Who Was Paid Number Street             | e Zip Code  E Zip Code  E Zip Code                     | Attorney's Fee - 0.00  | 6///2017                               |                   |
|          | Chicago Illino City State Email or website addres Person Who Made the F Person Who Was Paid Number Street  City State | pis 60643 e Zip Code s Payment, if Not You  e Zip Code | Attorney's Fee - 0.00  | 6///2017                               |                   |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 43 of 69

| Veneice   | R   | Shelton  | Case number (if know  | vn)   |   |
|---|---|--|---|---|---|
| First Name  | Middle Name   | Last Name  |   |   |   |
| lp you deal with your cre                                 | ditors or to make payme   | ents to your creditors?  | behalf pay or transf  | er any property to a  | nyone who promised to   |
| No Yes. Fill in the details.                              |   |  |   |   |   |
| •   |   | Description and value of any transferred   | property  | Date<br>payment or<br>transfer was<br>made  | Amount of payment   |
| Person Who Was Paid                                       |   |  |   |   |   |
| Number Street   |   |  |   |   |   |
| City State  | Zin Code  |  |   |   |   |
| Oily State  | zip code  |  |   |   |   |
| e ordinary course of your<br>clude both outright transfer | business or financial af<br>s and transfers made as s   | fairs? ecurity (such as the granting of a se   |   |   |   |
| No  |   |  |   |   |   |
| Yes. Fill in the details.                                 |   |  |   |   |   |
|   |   | Description and value of prop transferred  | payments  | received or debts p   | Date<br>aid transfer was<br>made  |
| Person Who Received To                                    | ransfer   |  |   |   |   |
| Number Street   |   |  |   |   |   |
| ,   | •   |  |   |   |   |
| Person Who Received To                                    | ransfer   |  |   |   |   |
| Number Street   |   |  |   |   |   |
| ,   | •   |  |   |   |   |
| neficiary?  |   | I you transfer any property to a se  | If-settled trust or si  | milar device of which   | ch you are a  |
| No  |   |  |   |   |   |
| ा ७५. मा ११ वाच वहांत्राड.                                |   | Description and value of the   | property transferre   | d   | Date<br>transfer was  |
|   |   |  |   |   | made  |
| Name of trust   |   |  |   |   |   |
|   | thin 1 year before you fill p you deal with your creat not include any payment.  No Yes. Fill in the details.  Person Who Was Paid Number Street  City State ordinary course of your stude both outright transfer ditransfers that you have a light transfers that you have a light transfer that you have | thin 1 year before you filed for bankruptcy, did y lp you deal with your creditors or to make paym not include any payment or transfer that you listed of the your payment or transfer that you listed of the year.  No Yes. Fill in the details.  Person Who Was Paid  Number Street  City State Zip Code  thin 2 years before you filed for bankruptcy, did be ordinary course of your business or financial after a clude both outright transfers and transfers made as so did transfers that you have already listed on this statem.  No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  thin 10 years before you filed for bankruptcy, did the ficiary? The year often called asset-protection devices.)  No Yes. Fill in the details. | thin 1 year before you filed for bankruptcy, did you or anyone else acting on your lip you deal with your creditors or to make payments to your creditors? not include any payment or transfer that you listed on line 16.  No Yes. Fill in the details.  Description and value of any transferred  Person Who Was Paid  Number Street  City State Zip Code  thin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transes or ordinary course of your business or financial affairs? stude both outright transfers and transfers made as security (such as the granting of a set d transfers that you have already listed on this statement.  No Yes. Fill in the details.  Description and value of proptransferred  Description and value of proptransferred  Person Who Received Transfer  Number Street  City State Zip Code Person's relationship to you  Person's relationship to you  thin 10 years before you filed for bankruptcy, did you transfer any property to a seneficiary?  uses are often called asset-protection devices.)  No Yes. Fill in the details.  Description and value of the | First Name Middle Name Last Name | First Name Lott |

### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 44 of 69

Shelton Debtor 1 Veneice Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 45 of 69

Shelton Debtor 1 Veneice Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 46 of 69

| Debto  |            | Veneice                  |                  | R                 | Shelton                      | Case r                    | number (if | known)               |  |
|--------|------------|--------------------------|------------------|-------------------|------------------------------|---------------------------|------------|----------------------|--|
|        |            | First Name               |                  | Middle Name       | Last Name                    | _                         |            |                      |  |
| 26.    |            | e you been a party<br>No | y in any judic   | ial or administ   | rative proceeding unde       | r any environmenta        | l law? Inc | clude settlements an | d orders.                                    |
|        |            | Yes. Fill in the det     | tails.           |                   |                              |                           |            |                      |  |
|        |            |                          |                  |                   | Court or agency              |                           | Nature o   | f the case           | Status of the case                           |
|        |            | Case title               |                  |                   |                              |                           |            |                      | Pending                                      |
|        |            |                          |                  |                   | Court Name                   |                           |            |                      | On appeal                                    |
|        |            | Case number              |                  |                   | NumberStreet                 |                           |            |                      | Concluded                                    |
|        |            |                          |                  |                   | City State                   | Zip Code                  |            |                      |  |
| Part ' | 11:        | Give Details Ab          | oout Your E      | Business or C     | onnections to Any Bu         | usiness                   |            |                      |  |
| 27.    | With       | nin 4 years before       | you filed for    | bankruptcy, di    | d you own a business or      | r have any of the fol     | lowing co  | onnections to any bu | siness?                                      |
|        |            | A sole propri            | etor or self-e   | mployed in a tr   | ade, profession, or othe     | er activity, either full- | -time or p | art-time             |  |
|        |            | A member of              | f a limited liab | ility company (   | (LLC) or limited liability p | artnership (LLP)          |            |                      |  |
|        |            | A partner in a           | a partnership    | 1                 |                              |                           |            |                      |  |
|        |            | An officer, di           | rector, or ma    | naging executi    | ive of a corporation         |                           |            |                      |  |
|        |            | An owner of              | at least 5% c    | f the voting or   | equity securities of a cor   | rporation                 |            |                      |  |
|        |            | <u> </u>                 |                  | 0 1 5 14          |                              |                           |            |                      |  |
|        | lacksquare | No. None of the a        |                  |                   |                              |                           |            |                      |  |
|        | Ш          | Yes. Check all tha       | at apply abov    | e and fill in the | e details below for each     | business.                 |            |                      |  |
|        |            |                          |                  |                   | Describe the nat             | ure of the business       | i          |                      | ation number Do not<br>urity number or ITIN. |
|        |            |                          |                  |                   |                              |                           |            | EIN:                 | <b>,</b>                                     |
|        |            | Business Name            |                  |                   |                              |                           |            |                      |  |
|        |            | Number Street            |                  |                   | Name of account              | tant or bookkeeper        |            | Dates business exis  | sted   |
|        |            | City                     | State            | Zip Code          | —                            | tant or bookkeeper        |            | From To              |  |
|        |            |                          |                  |                   |                              |                           |            |                      |  |
|        |            |                          |                  |                   | Describe the nat             | ure of the business       | ;          |                      | ation number Do not<br>urity number or ITIN. |
|        |            | Business Name            |                  |                   |                              |                           |            | EIN:                 |  |
|        |            | Number Street            |                  |                   |                              |                           |            | Dates business exis  | stad   |
|        |            | Number Street            |                  |                   | Name of account              | tant or bookkeeper        |            | Dates business exis  | steu   |
|        |            | City                     | State            | Zip Code          |                              |                           |            | From To              |  |
|        |            |                          |                  |                   |                              |                           |            |                      |  |
|        |            |                          |                  |                   |                              |                           |            |                      |  |
|        |            |                          |                  |                   | Describe the nat             | ure of the business       |            |                      | ation number Do not<br>urity number or ITIN. |
|        |            | Business Name            |                  |                   |                              |                           |            | EIN:                 |  |
|        |            | Number Street            |                  |                   |                              |                           |            | Dates business exis  | sted   |
|        |            |                          |                  |                   | Name of account              | tant or bookkeeper        |            |                      |  |
|        |            | City                     | State            | Zip Code          |                              |                           |            | FromTo               |  |
|        |            |                          |                  |                   |                              |                           |            |                      |  |
|        |            |                          |                  |                   |                              |                           |            |                      |  |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 47 of 69

| Deb  | otor 1 Veneice  | R                        | Shelton                         | Case number (if known)   |
|------|---|--------------------------|---------------------------------|--|
|      | First Name  | Middle Name              | Last Name                       |  |
| 28.  | Within 2 years before you fill creditors, or other parties. | ed for bankruptcy, did y | ou give a financial statemer    | nt to anyone about your business? Include all financial institutions,  |
|      | Yes. Fill in the details be                                 | low.                     |                                 |  |
|      | _   |                          | Date issued                     |  |
|      | Name  |                          | MM/DD/YYYY                      |  |
|      |   |                          |                                 |  |
|      | Number Street   |                          | <del>_</del>                    |  |
|      | City State  | e Zip Code               | _                               |  |
| Pari | t 12: Sign Below  |                          |                                 |  |
|      |   | in fines up to \$250,000 | ,                               | ty, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | Signature of D  |                          |                                 | Signature of Debtor 2  |
|      | Date 6/7/20   | 17                       |                                 | Date   |
|      |   |                          | f Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)?  |
|      | No  |                          |                                 | ,  |
| i    | Yes   |                          |                                 |  |
| ı    | Did you pay or agree to pay so                              | omeone who is not an a   | ttorney to help you fill out b  | ankruptcy forms?   |
|      | <b>✓</b> No   |                          |                                 |  |
| İ    | Yes. Name of person   |                          |                                 | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).                     |

Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 48 of 69

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|      |   | Northern Dis                | trict of Illinois               |                      |                  |  |
|------|---|-----------------------------|---------------------------------|----------------------|------------------|--|
| n re | Veneice R Shelton   |                             | Case N                          |                      |                  |  |
|      | Debtor  |                             |                                 | `                    | known)           |  |
|      |   |                             | Chapte                          | r Cha                | apter 13         |  |
|      | DISCLOSURE OF   | COMPENSATI                  | ON OF ATTORN                    | EY FOR DE            | BTOR             |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf  | year before the filing of t | he petition in bankruptcy, or a | agreed to be paid to | me, for services |  |
|      | For legal services, I have agreed to ac   | cept                        |                                 |                      | \$4,000.00       |  |
|      | Prior to the filing of this statement I h   | nave received               |                                 |                      | \$0.00           |  |
|      | Balance Due   |                             |                                 |                      | \$4,000.00       |  |
| 2.   | The source of the compensation paid   | to me was:                  |                                 |                      |                  |  |
|      | Debtor  | Other (spec                 | ify)                            |                      |                  |  |
| 3.   | The source of the compensation paid   | I to me is:                 |                                 |                      |                  |  |
|      | <b>✓</b> Debtor   | Other (spec                 | ify)                            |                      |                  |  |
| 4.   | 4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.   |                             |                                 |                      |                  |  |
|      | I have agreed to share the above-<br>members or associates of my law<br>the people sharing in the compet  | firm. A copy of the agree   |                                 |                      |                  |  |
| 5.   | <ol> <li>In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:</li> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> </ol> |                             |                                 |                      |                  |  |
|      | b. Preparation and filing of any p  | oetition, schedules, state  | ments of affairs and plan whi   | ch may be required;  |                  |  |
|      | c. Representation of the debtor   | at the meeting of creditor  | rs and confirmation hearing, a  | and any adjourned h  | earings thereof; |  |
|      | d. Representation of the debtor   | in adversary proceedings    | and other contested bankrup     | otcy matters;        |                  |  |
| 6.   | By agreement with the debtor(s), the  | above-disclosed fee does    | s not include the following se  | rvices:              |                  |  |
|      |   |                             |                                 |                      |                  |  |
|      |   | CERTII                      | FICATION                        |                      |                  |  |
|      | certify that the foregoing is a complet or(s) in this bankruptcy proceedings.   | e statement of any agree    | ment or arrangement for payn    | nent to me for repre | sentation of the |  |
|      | 6/7/2017  |                             | /s/ Charles Bonir               | ni                   |                  |  |
|      | Date  |                             | Signature of Attorne            | еу                   |                  |  |
|      |   |                             | Semrad Law Firm                 |                      |                  |  |
|      |   |                             | Name of law firm                |                      |                  |  |

Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 49 of 69

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

#### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 50 of 69

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

#### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 51 of 69

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$389.26
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$79.26 for expenses, leaving a balance due of \$4,389.26
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| /s/ Veneic | ce Shelton |                        |  |
|------------|------------|------------------------|--|
|            |            | /s/ Charles Bonini     |  |
| Debtor(s)  |            | Attorney for Debtor(s) |  |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   |          | filing fee<br>administrative fee |
|---|----------|----------------------------------|
| + | <u> </u> |                                  |
|   | \$275    | total fee                        |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 58 of 69

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:            | Shelton, Veneice R                         | Case No.  |                                     |  |
|-------------------|--|---|-------------------------------------|--|
| Debtor(s)         |  | Case No.  |                                     |  |
|                   |  | Chapter.  | Chapter13                           |  |
|                   | VERIFICATION                               | ON OF CREDITOR MAT  | RIX                                 |  |
| The<br>knowledge. | e above named Debtors hereby verify that t | he attached list of creditors is tru                      | ue and correct to the best of their |  |
| Date:             | 6/7/2017                                   | /s/ Shelton, Vene<br>Shelton, Veneice<br>Signature of Deb | R                                   |  |

LOANCARE SERVICING CTR INTERSTATE CORP CNTR BLD NORFOLK, VA, 23502

TD AUTO FINANCE PO BOX 9223 FARMINGTON HILLS, MI, 48333

DISCOVERBANK POB 15316 WILMINGTON, DE, 19850

SYNCB/WALMART PO BOX 981400 EL PASO, TX, 79998

SYNCB/SAMS PO BOX 965005 ORLANDO, FL, 32896

CAPITAL ONE P O Box 30253 Salt Lake City, UT, 84130

SYNCB/HH GREGG PO BOX 965036 ORLANDO, FL, 32896

SYNCB/JCP PO BOX 965007 Orlando, FL, 32896

COMENITYCAP/CHLDPLCE PO BOX 182120 COLUMBUS, OH, 43218

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 60 of 69

| Debtor 1 Veneice   | R '   | Shelton  | Case number (if known)   |   |
|--|---|--|--|---|
| First Name   | Middle Name   | Last Name  |  |   |
| Part 6: Answer These Qu  | estions for Reporting Purpose   | )S   |  |   |
| 16. What kind of debts do<br>you have?   | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17.</li> <li>16c. State the type of debts you owe that are not consumer debts or business debts.</li> </ul> |  |  |   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  | expenses are paid that  No. Yes.  | er 7. Do you estimate that<br>funds will be available to | o distribute to unsecured  |   |
| 18. How many creditors<br>do you estimate that<br>you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,00<br>5,001-10,0<br>10,001-25,                   | 000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |
| 19. How much do you<br>estimate your assets<br>to be worth?  | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>☑ \$100,001-\$500,000<br>□ \$500,001-\$1 million  | \$10,000,00<br>\$50,000,00                               | l-\$10 million<br>01-\$50 million<br>01-\$100 million<br>001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| <sup>20.</sup> How much do you<br>estimate your<br>liabilities to be?  | □ \$0-\$50,000<br>□ \$50,001-\$100,000<br>☑ \$100,001-\$500,000<br>□ \$500,001-\$1 million  | \$10,000,00<br>\$50,000,00                               | 1-\$10 million<br>01-\$50 million<br>01-\$100 million<br>001-\$500 million   | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below   |   |  |  |   |
| I have examined this petition, and I declare under penalty of perjury that the information provided is true correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12 of title 11, United States Code. I understand the relief available under each chapter, and I choose to produnder Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help mout this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 year both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |  | ligible, under Chapter 7, 11,12, or 13 in chapter, and I choose to proceed to is not an attorney to help me fill .C. § 342(b).  de, specified in this petition.  noney or property by fraud in |   |
|  | Signature of Debtor 1  Executed on 6/7/2017  MM / DD  | D/YYYY   | Signature of De<br>Executed on   | MM / DD / YYYY  |

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 61 of 69

| Fill in this infor  | mation to identify your c | ase:                       |  |   |                                   |
|---------------------|---------------------------|----------------------------|--|---|-----------------------------------|
| Debtor 1            | Veneice                   | R                          | Shelton                                    |   |                                   |
|                     | First Name                | Middle Name                | Last Name                                  |   |                                   |
| Debtor 2            |                           |                            |  |   |                                   |
| (Spouse, if filing) | First Name                | Middle Name                | Last Name                                  |   |                                   |
| United States E     | Sankruptcy Court for the: | Northern                   | District of Illinois                       |   |                                   |
| Case number         |                           |                            | (State)                                    |   |                                   |
| (If known)          | <u></u>                   |                            | · · · · · · · · · · · · · · · · · · ·      | <del></del>   |                                   |
| Official            | Form 106De                | eC                         |  |   | Check if this is a amended filing |
| Declarat            | ion About an              | Individual Deb             | tor's Schedule:                            | S   | 12/1                              |
| J.S.C. §§ 152,      | 1341, 1519, and 3571.     | ion with a bankruptcy ca   | se can result in lines up to               | \$250,000, or imprisonment for up to                      | 20 years, or both. 18             |
| Did you pa          | ay or agree to pay some   | one who is NOT an attor    | ney to help you fill out ban               | kruptcy forms?  |                                   |
| <b></b> No          |                           | •                          |  | ,   |                                   |
| <u> </u>            | Name of person            |                            | Attach Bankruptcy<br>Signature (Official F | Petition Preparer's Notice, Declaration, ar<br>Form 119). | nd                                |
|                     |                           |                            |  |   |                                   |
| that they           | are true and correct.     | e that I have read the sur | nmary and schedules filed                  | with this declaration and                                 |                                   |
| 🗶 /s/ Venei         | ce Shelton \ \ \ \ \ \ \  | オンシャズ メアスト                 | X X  |   |                                   |

Signature of Debtor 2

MM/DD/YYYY

Signature of Debtor 1

MM/DD/YYYY

Date 6/7/2017

## Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 62 of 69

| Debtor 1   | Veneice<br>First Name                                       | R ·  | Shelton  | Case number (if known)   |
|--|---|--|--|--|
|  | rirst name  | Middle Name                                      | Last Name  | NEED BOOK OF THE COLOR OF THE C |
| 28. Wit<br>cre   | thin 2 years before you filed feditors, or other parties.   | or bankruptcy, did yo                            | u give a financial stater                          | nent to anyone about your business? Include all financial institutions,  |
|  | No<br>Yes. Fill in the details below.                       |  |  |  |
|  |   |  | Date issued  |  |
|  | Name  |  | MM/DD/YYYY   |  |
|  | Number Street   |  |  |  |
|  | City State  | Zip Code   | •  |  |
| Part 12:   | Sign Below  |  |  |  |
| true   | and correct. I understand thankruptcy case can result in fi | et making a false stat<br>nes up to \$250,000, o | ement, concealing prop                             | ments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.   |
|  | Signature of Debto  | or 1   |  | Signature of Debtor 2  |
|  | Date 6/7/2017   |  |  | Date   |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 10 |   |  | viduals Filing for Bankruptcy (Official Form 107)? |  |
| L  | do<br>'es   |  |  |  |
| Did y  | ou pay or agree to pay some                                 | one who is not an atto                           | orney to help you fill out                         | bankruptcy forms?  |
| N V  | lo  |  |  |  |
|  | es. Name of person  |  |  | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).  |

Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 63 of 69

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Shelton, Veneice R                      | Case No   |                                     |
|-----------------|---|---|-------------------------------------|
|                 | Debtor(s)                               | 0450 110.   |                                     |
|                 |   | Chapter.  | Chapter13                           |
|                 | VERIFIC                                 | ATION OF CREDITOR MAT                                     | RIX                                 |
| Th<br>knowledge | ne above named Debtors hereby verify e. | that the attached list of creditors is tr                 | ue and correct to the best of their |
| Date:           | 6/7/2017                                | /s/ Shelton, Vene<br>Shelton, Veneice<br>Signature of Deb | R                                   |

# Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 64 of 69

| Deb  | tor            | 1 Veneice<br>First Name   | R<br>Middle Name  | Shelton<br>Last Name                           | Case number (if known)   |   |
|------|----------------|---|---|--|--|---|
| 16.  |                | Calculate the median family inco  |   |  | AND THE RESERVE OF THE STREET, SECTION AND THE SECTION OF THE SECT |   |
|      |                | 6a. Fill in the state in which you liv  |   |  | eps.   |   |
|      |                |   |   | Illinois                                       |  |   |
|      |                | 6b. Fill in the number of people in   |   | 1  | ·  |   |
|      | 1              | <ol> <li>Fill in the median family income<br/>household</li> </ol>                  | e for your state and size   | *******  | God - Bale Company   | \$50,765.00                             |
|      |                |   | eparate instructions for t  | this form. This lis                            | find a list of applicable median income amounts, go online t may also be available at the bankruptcy clerk's office.   |   |
| 17.  | Н              | low do the lines compare?   |   |  | ,  |   |
|      | 1              | 7a. Line 15b is less than or eq<br>under 11 U.S.C. § 1325(b                         | jual to line 16c. On the t<br><i>i)(3).</i> <b>Go to Part 3.</b> Do N | op of page 1 of t<br>NOT fill out <i>Calcu</i> | this form, check box 1, <i>Disposable income is not determined lation of Disposable Income</i> (Official Form 122C-2).   |   |
|      | 17             | 7b. Line 15b is more than line U.S.C. § 1325(b)(3). Go to form, copy your current m | o Part 3 and fill out Ca  | Iculation of Disp                              | check box 2, <i>Disposable income is determined under 11</i> posable Income (Official Form 122C-2). On line 39 of that   |   |
| Part | 3:             | Calculate Your Commitme   | ent Period Under 11   | U.S.C. §1325                                   | i(b)(4)  |   |
| 18.  |                | opy your total average monthly i  |   |  |  | \$3,255.91                              |
| 19.  | D <sub>0</sub> | educt the marital adjustment if i<br>ommitment period under 11 U.S.C.               | it applies. If you are ma<br>§ 1325(b)(4) allows you                  | arried, your spous<br>u to deduct part o       | se is not filing with you, and you contend that calculating the of your spouse's income, copy the amount from line 13.   | 111111111111111111111111111111111111111 |
|      |                | 9a. If the marital adjustment does r  |   |  |  | -\$0.00                                 |
|      | 19             | b. Subtract line 19a from line 1  | 8 <b>.</b>  |  |  | \$3,255.91                              |
| 20.  | Ca             | alculate your current monthly in  | come for the year. Foil   | low these steps:                               |  |   |
|      | 20             | a. Copy line 19b.   |   |  |  | \$3,255.91                              |
|      |                | Multiply by 12 (the number of r   | months in a year).  |  |  | x 12                                    |
|      | 20             | b. The result is your current month   | nly income for the year fo  | or this part of the                            | form.  | \$39,070.92                             |
|      | 20             | c. Copy the median family income  | for your state and size   | of household froi                              | m line 16c.  | \$50,765.00                             |
| 21.  | Ho             | ow do the lines compare?  |   |  |  | _                                       |
|      | V              | Line 20b is less than line 20c. Un<br>commitment period is 3 years. G               | nless otherwise ordered to to Part 4.                                 | by the court, on                               | the top of page 1 of this form, check box 3, The   | 8                                       |
|      |                | Line 20b is more than or equal to 4, The commitment period is 5 y                   | o line 20c. Unless otherw<br>ears. Go to Part 4.                      | wise ordered by t                              | he court, on the top of page 1 of this form, check box   | 100000                                  |
| Part | 4:             | Sign Below  |   |  |  | VI. other seasons and                   |
|      |                |   |   |  |  |   |
|      |                | By signing here, I declare under p  | penalty of perjury that the   | e information on                               | this statement and in any attachments is true and correct.   | **(Exclusive con                        |
|      |                | ✗ /s/ Veneice Shelton   | mond II   | affler .                                       | <b>x</b>   | Annua y                                 |
|      |                | Signature of Debtor 1   |   | CON!   | Signature of Debtor 2  | ** ***********************************  |
|      |                | Date 6/7/2017   |   |  | Date   | optic and topas                         |
|      |                | MM/DD/YYYY  |   |  | Date MM/DD/YYYY  | ***                                     |
|      |                | If you checked 17a, do NOT fill o<br>If you checked 17b, fill out Form<br>above.    | ut or file Form 122C-2.<br>122C-2 and file it with t                  | his form. On line                              | 39 of that form, copy your current monthly income from line 1  | 4                                       |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

#### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

11.5.

#### Case 17-17484 Doc 1 Filed 06/07/17 Entered 06/07/17 16:14:22 Desc Main Document Page 67 of 69

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to \$726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.



#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$389.26
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$79.26 for expenses, leaving a balance due of \$4,389.26
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | 6/7/2017   |                        |
|----------|--|------------------------|
| Signed:  | :  |                        |
| /s/ Vene | eice Shelton \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                        |
|          |  | /s/ Charles Bonini     |
| Debtor(  | 5)   | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.